ShrinkRAP

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

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Ko Tānerore kei runga, ko Hinerēhia kei runga!
Tānerore is prominent, Hinerēhia is pronounced.
When it is hot, the air shimmers. Tānerore can be seen performing haka with the wiriwiri (quivering hand action) as a physical representation of the shimmering heat.
Summer is also a time when leisurely activities are undertaken as personified by Hinerēhia, the spirit of recreational pursuits.

Contents

The Australian Clinical Psychology Association and
New Zealand College of Clinical Psychologists
in partnership present:

"The Contemporary Clinician: combining ancient wisdoms, cultural traditions, and modern advances"

Friday 5 & Saturday 6 April 2019
Rydges World Square
389 Pitt Street
Sydney, NSW

Keynote Presenters:
Prof. Richard Bryant, University of New South Wales (UNSW)
&
Dr Bruno Cayoun, MiBT Institute

SUBMIT YOUR ABSTRACT and REGISTER NOW:
NZCCP National conference & post-conference workshop

The Heart of Psychology:
ko te iwi, ko te whenua,
ko te anamata

"The Heart Of Psychology: Our People, Our Land, Our Future"

"Te Pū O Te Whatumanawa: Ko Te Iwi, Ko Te Whenua, Ko Te Anamata"

Sunday 12th and Monday 13th May

Quality Hotel Parnell, Auckland

Keynote Speakers:

- **Robert Muller**: *Helping Challenging Trauma Clients To Open Up: What Have We Learned?*
- **Ainsleigh Cribb-Su'a**

This will be followed by a one-day post conference workshop on Tuesday 14th May, presented by Robert Muller, entitled "*The Relationship Is Your Most Powerful Tool (& Biggest Pitfall): Relational Strategies To Treat Challenging Trauma Clients*."

SUBMIT YOUR ABSTRACT HERE

Presi-Rap
Malcolm Stewart, President NZCCP

Online Resources in Clinical Practice
Many clinical psychologists feel increasing pressure to assist their clients to make meaningful change in fewer sessions than previously was the case. This may be driven by an employer or funder who specifies the number of sessions, a self-paying client who can only afford a limited number of sessions, the desire to get that waiting list down, or many other reasons. The result is that often we need to do more with less time. While this can get ridiculous (the psychological equivalent of giving half a course of antibiotics and expecting it will eradicate the infection), it can also encourage us to utilise tools that help us to "work smarter rather than longer".

Something that can help us to achieve this goal is the online resources that we can use to enhance our clinical practice. These resources can help to reinforce concepts, deepen understanding, and encourage/guide experimenting with new ways of being outside of the therapy sessions.

Examples of the types of resources that are available to us for free or little money are:

- YouTube and TED clips: These can be extraordinarily useful for helping to reinforce and extend client understanding and "buy-in" to what we are working on. For example, there are several YouTube and TED talks given by people with high-functioning autism about how they have learned to manage their social anxiety and to make friends. I often point people who are struggling with this to two of these videos that are consistent with psychological approaches, alongside us working on these techniques in-session. The credibility that comes from someone who "has played the game" rather than someone who is "coaching from the sideline" is often very helpful.
- Apps: There are apps available for different aspects for an enormous number of the issues our clients face. The problem is often identifying the more helpful from the less helpful ones. The Health Navigator site, https://www.healthnavigator.org.nz/ provides a list of apps relating to many physical and mental health and addictions issues. It also reviews many apps helping you to identify the ones that are consistent with psychological approaches and that are relevant for your clients. Some of these reviews are written by College members.
- Websites: There are websites related to a wide range of difficulties. The depression.org.nz website, fronted by our patron John Kirwan, is a good example of a website that is strongly informed by CBT and related approaches and can help to reinforce and extend the influence of what we are doing to beyond the therapy room.

With all of these resources it is necessary to feel confident that they are consistent with a psychological approach and will be helpful for your clients. Reviews can sometimes help with this, but checking them out before you recommend them to clients is also important.

One of the objectives in the NZCCP Strategic Plan is to "promote future-focused professional practice" and one arm of this is to support our greater use of virtual tools that support practice. If you have ways you think we could usefully do this regarding online resources, please be in touch with us. If you would like to be involved in our efforts about this, please let Caroline know.

Matters of interest
Late last year the NZCCP membership database became cloud-based and is now completely interactive and member managed. This means that you are now able to update your contact details etc. whenever you wish.

This new development also includes an update to the online membership renewal form and new online membership application forms and membership change process. In other words from your member account you can apply to upgrade to Associate Membership (from Student Membership) or Full membership (from Associate Membership), or if you are taking a break from practice apply to move into the "Deferred/Retired" membership category.

If you have private practice information published on the "Find a Clinical Psychologist" resource this hasn't changed. This information is separate from your membership details and can also be updated and changed whenever you want.

When this went live your membership information was automatically connected to your old website user registration/account if you had one. However if you didn't already have a website registration/account this was created for you. If this is the case you and you haven't done so yet you will need to set a password for your account, at

We believe that this has been a great improvement in terms of managing your NZCCP membership.

Please let me know if you have any questions or if you need any help.

Congratulations to former NZCCP President, Deb Moore, who was the overall winner in the 2018 Health Innovation Awards (HIA) for a project that helps Colombian refugees to settle into Nelson and cope with the change.

'Stressbusters – supporting Colombian refugees to Nelson' won the 'Darcy Christopher Excellence Award' at the Health Innovation Awards ceremony on 29 November at The Rutherford Hotel.

Project lead Deb Moore (pictured here receiving the award), professional psychology leader for Nelson Marlborough Health Mental Health and Addiction Services, says that the course was established in recognition that stress is a normal human response to the situation refugees are in, rather than mental illness.
"It has been a really exciting project supporting former Colombian refugees in our community," she says. "I've had fantastic support from the Victory Community Centre, Red Cross, volunteer psychologists, mental health colleagues, and particularly from Fernando Hurtado who provided interpreter support for the groups." The project also got great support

from the McKee Trust who provided funding for the groups to put their anxiety management skills in practice at Whenua Iti Outdoor Education centre.
(From NMDHB news and notices at https://www.nmdhb.govt.nz/nmdhb-news-and-notices/2018-health-innovation-awards-celebrating-the-people-who-make-our-healthcare-system-more-skilled-more-compassionate-and-more-equitable/)

Two psychologists and 1350 clients over six days
Ron Dick, clinical psychologist

That should read 1350 potential clients. I had the privilege of being one of two clinical psychologists at the 2019 Scout Venture in January. Venture is 12 action packed days for young people in Scouting aged 15 to 18, with the second six days (phase 2) being on one site which was at Kaiwaka, Northland. The first phase is with smaller groups doing adventurous activities in different locations. My colleague, Clare Couch, and I were part of phase 2 and were part of the wider health and welfare service that provided medical and psychological support in the 'Health Hub', operated by medical specialists, paramedics, nurses, and psychologists. When I was asked to be a part of the team, I had no idea what to expect, but this became apparent very quickly. From day one to day six Clare and I were kept busy seeing a number of youth and adult leaders with a range of issues requiring psychological and emotional support. In addition to directly supporting the youth and leaders, we also provided support and advice to the medical and management teams. As a scouting person I had been involved in large scouting events before, but never as part of the welfare team. It was a very rewarding experience and if I was asked to be on the team for future events again, I would have no hesitation saying yes. We may not have seen 1350 people, but I quickly saw the importance for having clinical psychologists on the team. And having a great colleague as support added to the experience.

NZCCP Membership News
The National Executive would like to welcome the following new members who have joined the College since the last ShrinkRap.

Associate
Pixie Armstrong-Barrington, Auckland
Lauren Bryce, Wellington
Jack Carrell, Christchurch
Justine Croxen, Wellington
Katie Fowler, Wellington
Amy Granberg, Auckland
Ashleigh Hooper, Christchurch
Alison Jones, Nelson
Anne-Mari Joubert, Wellington
David Kahn Higgs, Auckland
Victoria Lee, Wellington
Karin Muir, Christchurch
Phoebe Poulter, Auckland
Samadhi Stuart, Christchurch
Lorance Taylor, Wellington

Full
Karmyn Billing, Auckland
Victoria Bostock, Auckland
Elton Bloye, Palmerston North
Caroline Fulton, Canterbury
Andrea Greenwood, Auckland
James Martyn, Tauranga
Catherine Scheele, Wellington

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

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

Membership Benefits
We would like to remind members, older and new, to explore the NZCCP Member Benefits, which include but are not limited to the following:

The New Zealand College of Clinical Psychologists (NZCCP), in conjunction with the Australian Clinical Psychology Association (ACPA), offers NZCCP members (in any category) **free access to 25 video recordings/year of the work of master therapists and different therapeutic approaches,** from Psychotherapy.Net for ongoing Continuing Professional Development.

Check out the 2018 list of 25 video recordings of Master Therapists demonstrating or discussing their work, or providing training in specific approaches. These recordings have been selected specifically to enhance knowledge and skills in clinical psychology for NZCCP members and we would like to acknowledge and thank the panel of members who took the time to watch and rate some of the many available videos.

The **EBSCO Publishing online Psychology Research Database** provides unlimited remote access to their Core Psychology Research Package containing Psychology & Behavioral Sciences Collection, MEDLINE with Full Text, and Mental Measurements Yearbooks with Tests in Print. *(The College very much appreciates the partial sponsorship of this resource from the Medical Protection Society)*

There are a number of relevant Facebook groups that are proving to be very useful.

There is a closed **Facebook group for private practitioners** providing a forum for sharing ideas and information relating to running a private practice. Click on this link and ask to join the group: https://www.facebook.com/groups/1974851039510715/.

There is a new **NZ Family Court Specialist Psychological Group** to enable Specialist report writers for the Family Court to liaise together. This is a shared group between the College and NZPsS members.

If you are a clinical psychology student you are invited to join the **NZCCP student member Facebook group** at https://www.facebook.com/groups/172521526883530/
This page is for clinical psychology students across New Zealand to connect with each other and the College. What we can use it for is evolving (please send us your suggestions), but might include:
> Hearing what the College has to offer students
> Keeping up to date with developments that impact students such as changes to student allowances.
> Advertising both local and national events
> Organising inter-university social gatherings
> Promoting your research, finding participants
> A place you can ask questions (anonymously if you like) that can be answered and shared with the group, e.g. What it's like to work in various organisations, imposter syndrome, applying for internships, etc.
> Another great suggestion you're thinking of? (let us know!)

Please to go the **NZCCP facebook page** at https://www.facebook.com/nzccp/ to post and to like and share events and other interesting and relevant information. Please don't hesitate to let me know if you want me to create more regional or special interest groups within the page.

Other useful resources on the website include the Member only **Professional practice resources page** which includes a Health and safety policy TEMPLATE for psychologists and Suggestions for recovery of unpaid accounts along with the **Resources for 'Early Career' Psychologists** and **Online professional development opportunities** pages

The **NZ College of Clinical Psychologists website** has more relevant and interesting information and events, also available directly from the following links:
Professional development events:
Conferences
Workshops and Seminars

Job vacancies:
North Island
South Island

Journal NZCCP
The themes for the next Journal NZCCP issues are:
Mind and Body, published June 2019, deadline 15 March 2019
"What we wish we had been taught", published December 2019, deadline 15 September 2019

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
- review 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 contact Caroline at office@nzccp.co.nz and she 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. We encourage all students to submit articles, case studies, book reviews, commentaries on a set of abstracts, reviews of conferences or workshops. Students whose submissions are published are paid $100.

We look forward to seeing your wonderful submissions (which can be submitted online here: http://www.nzccp.co.nz/about-the-college/publications-and-resources/journal-nzccp-article-submission/)!

Obituary: Bennett Dael Friedmann
22/10/1951- 25/02/2019
Anne Goodhead

I met Bennett when he joined the clinical psychology training programme at Victoria University the year behind me, in early 1977. Bennett grew up in Capetown, South Africa in the time of apartheid, compulsory military training (which he did as a conscientious objector so was sent to the medical corps) and censorship of the press, to the extent he was not allowed to tell his wife and family where he was deployed. Although not overtly political, as the son of a family of Eastern European Jewish heritage, he was acutely sensitive to the political and divisive tensions of that place. As soon as he was able to, he rejected that regime and chose NZ as his adopted country, making his home on the Kapiti Coast.

Bennett joined the NZCCP in the early years, soon after incorporation, and as a clinical psychologist he worked in various settings in the Wellington region: The child, adolescent and family service at Puketiro, a stint at Porirua Hospital working with adult mental health clients, Corrections, and more latterly, in private practice. He had a particular passion for family therapy. One of his colleagues from Puketiro days, Jan McDowell, Child Psychotherapist had this to say about working with Bennett and has given me permission to quote her:

…after attending the stimulating meeting of the inaugural (I think) NZ Australian Family Therapy conference in Wellington, Bennett and I began working together with families, then groups : such a new, exciting and privileged working experience. Bennett was a wonderful co-therapist: creative, supportive, astute and honest. He shared preparation for teaching and seminars fairly and was wonderful at brain storming before and after sessions. He was deeply caring of our clients and had the gift of insight and creative metaphor in working up feedback which was positive to the children and their parents. His unjudgmental curiosity was not contrived for a therapy hour or two, but honestly felt and energising. Many, many colleagues and families will miss him for these attributes and not least for his sense of playfulness. Some will remember his sketch of a flying pig holding a streamer with the words "porcus putatus" - in loose translation something "like P.I.G s might know!" which he used as the letter head of the Psychotherapy Interest Group which met at Puketiro regularly.

Jan refers to many of Bennett's fine qualities: a warm and respectful acceptance of all, regardless of race or social background, a sense of humour and fun, his creativity. Bennett was very sociable and had a unique skill at bringing people together, often in a playful and fun way. His large friendship group was his whanau. He was a loyal, sensitive and generous friend to many. Bennett also loved travelling, was a musician, was ordained in a Zen Buddhist tradition in recent times and actively pursued many interests. Bennett lived life to the full. He enjoyed his work as a psychologist right to the end of his life and gave his services to the best of his ability throughout.

Bennett was diagnosed with melanoma late last year and suffered a short illness.
Although he expressed regret at not being here to share more years with his daughter Tamara, he was happy with the life he had led and approached his impending death with his characteristic philosophical openness and acceptance.
Bennett will be sadly missed by many. I felt blessed to have enjoyed a friendship with him over so many years.

Summary of the Psychology Workforce Forum (PWF) meeting 27 November 2018
The following is a summary of the issues discussed:

Psychology Workforce Task Group meeting
The following issues were discussed in relation to the Mental Health and Addiction Inquiry and IAPT:

- The training and qualifications for Psychological Wellbeing Practitioners (PWPs) in the IAPT and Matrix models
- The need to look at a model of how psychology in New Zealand might be positioned in the future and how PWPs might be feature within that.
- We need to be able to respond to the Mental Health Inquiry report with useful comment and suggestions
- It is useful to continue to have PWF to debrief from the Workforce Task Group

Long-term shortage of psychologists
The following was discussed in relation to long-term shortages of psychologists and interns

- There are concerns around the MBIE process of determining shortages of psychologists
- NZPsS made a case regarding shortages of educational psychologists noting it was difficult to provide the required data. The NZPsS was informed by MBIE that educational psychologists would not be included in the review.
- There are concerns regarding shortages of places for interns close to universities even though there were an excess of available places nationwide

Next meeting: 26 February 2019

ACC/NZCCP/NZPsS liaison meeting, November 2018 & February 2019

Issues discussed at the November meeting

Restructure of ACC Clinical Services

In November, a new way of working came into effect for the clinical teams at ACC. ACC is transforming to put the customer at the centre of everything we do, to deliver an improved experience and better outcomes for our customers. To support this shift, our internal clinical advisory function also needed to be aligned with our customers' needs. They need quality, consistent, multi-disciplinary clinical input, to inform claims decisions and strategic initiatives. The clinical teams also want to take a more strategic and proactive approach to engagement with the wider health sector, which is reflected in the new structure.

The new way of working includes five core functions that support the clinical contribution at ACC to be more strategic and drive efficiencies across the work:

- Clinical Partnerships: focused on external engagement and works closely with professional bodies, universities and health training schools. The team also partners with other business units in ACC to drive delivery of the ACC Health Services Strategy and Injury Prevention Strategy.
- Health Intelligence and Insights: will build our ability to use what we know, from our data as well as international evidence, to drive what we do in the health sector.
- Clinical Services: provides expert multi-disciplinary, consistent, robust and up to date clinical advice and input to our case managers, leading to better outcomes for people who are injured.
- Clinical Quality and Governance: focused on ensuring that ACC has the right clinical governance in place as well as focusing on deriving clinical insights, developing education materials and driving continuous improvement.
- Treatment Safety: works to reduce patient harm and treatment injury through programmes that enhance safety and quality of healthcare.

Overall governance and accountability for the quality of clinical advice and decision-making is provided by the Chief Clinical Officer. We are currently recruiting for this position and will update you when we have appointed this role.

ISSC Waiting List

It is acknowledged that there are delays in clients being seen in some parts of the country which is unsatisfactory. Currently ACC is looking at ways by which the sensitive claims pathway can be streamlined to reduce client wait times. Suppliers/providers have recently been surveyed to understand ways in which the ISSC pathway could be improved. The contract is due for re-tender in 2020 and there will be further consultation with the sector.

Therapy Notes

ACC, on occasion, will seek therapy notes but this is rare. In the event that ACC does require therapy notes, the client will be consulted and the consent obtained in addition to having filled out the initial consent form. The psychologist will also be informed as to the reason why therapy notes are being sought. There is not a trend towards ACC seeking more therapy notes

Submission of Incomplete Assessment Reports

If a client disengages part way through a Supported Assessment, some assessors are unsure what should be done in this situation especially when an incomplete report is being requested by ACC. While the client has provided consent at the beginning of the process, they usually have not looked over the report as they have disengaged from treatment – this places the assessor in a difficult situation in terms of submitting a report where the accuracy has not been checked out with the client and the client may not have re-consented for the report to be submitted. In this situation, the best option is probably to ring a Psychology Advisor and discuss the best course of action considering ACC's, the client's and the assessor's perspectives. The hotline number for the Psychology Advice service is 09 354 8425.

Supplier Business Practices
ACC cannot interfere with the way in which suppliers conduct their business with providers although ACC has expectations that suppliers will demonstrate good business practice. It is assumed the providers sign a contract with the supplier which outlines the contracting conditions. Additionally, providers have the choice as to which suppliers they work under so it is expected that providers will gravitate to good suppliers and the suppliers having less than optimal business practices will struggle to attract providers. If providers are having problems with getting paid in a timely fashion, this should raised with the supplier.

Purchase Order Updates
There has been a request that purchase orders be updated as a PO PDF doc rather than via email or phone so that suppliers can better track what has been agreed to in order to facilitate invoicing. This suggestion has been passed onto the Sensitive Claims Unit

Psychologists issuing Medical Certificates
Currently, ACC's policy is the medical certificates still need to be issued by medical doctors but this issue will be passed onto the legal/policy teams at ACC.

Suppliers – Client Management Systems
A supplier is entitled to request reports from their contracted psychologists to be held on their CMS. This could be considered good practice in ensuring that all records pertaining to a client are held in one place in the event of a crisis or a provider leaving the supplier's service. This arrangement should be agreed and discussed at the time the provider contracts with the supplier. This is no different from organisations such as DHB's which hold centralized records. A psychologist who is contracting with a supplier should ask whether there is a centralized record system and the level of security associated with the centralized record system. The psychologist can then decide whether he/she feels comfortable contracting with that supplier.

Suppliers - 0800 Numbers
There is no requirement for suppliers to have 0800 numbers – however, there is a requirement that suppliers have a system by which messages can be left for suppliers and that these messages are monitored.

Referral Information
It has been suggested that Team Managers names are included on ACC referral information to suppliers so that they can be contacted if problems arise or Case Owners are unable to be contacted. This information has been passed onto the Sensitive Claims Unit for consideration. In the recent ACC newsletter, a list of Team Managers' names and contact information has been provided.

Amount of Travel Reimbursement
Pricing have been made aware that some psychologists have requested that the payment for travel be reviewed from both the provider and client perspective. ACC reviews the prices for the Travel Distance codes annually. The rates were reviewed earlier this year and were found to be sufficient to cover the costs. The rates will be reviewed again in coming months. Any change would be reflected in the subsequent price review for that specific service. Petrol costs make up a minority of the 'per kilometre' fee. Other vehicle-related costs make up the majority of the price.
If clients are having difficulty attending ACC appointments for transport reasons, they should contact their Case Owner to discuss possible options.

Counselling following Physical Injury
Counselling is available for clients under Cost of Treatment Regulations (CoTR) for clients experiencing psychological problems as a result of physical injury and also sexual abuse. Under CoTR, ACC contributes to the cost of treatment. In many cases, the client has to pay a surcharge which is very different from services paid under contracts such as Psychological Services. A counsellor must receive a referral from ACC to see a client for counselling under CoTR much the same as when referred a client under the Psychological Services contract. Counsellors, psychologists, psychotherapists and psychiatrists can apply to deliver services under CoTR. The

application is on the acc.co.nz website - https://www.acc.co.nz/assets/provider/acc2466-register-counsellor.doc

The following are the fees payable under CoTR
Fees payable

Service		Price
PSY13	Counselling sessions provided by a counsellor	$81.67 per hour (GST inclusive)
PSY10	Counselling sessions provided by a psychiatrist	$104.16 per hour (GST inclusive)
PSY02R	Completing the ACC095 Full assessment treatment and rehabilitation plan	$150.00 (GST exclusive)
PSY18	Completing the ACC090 Review of counselling report	$60.00 (GST exclusive)
PSY19	Completing the ACC097 Completion report	$30.00 (GST exclusive)

Issues discussed at the February meeting:

Update on the restructure of ACC Clinical Services

Since the meeting in November eight new Psychology Advisors have been appointed in the Clinical Service Team and there has been one resignation. There will likely be additional recruiting as the restructure in November 2018 increased the Psychology Advisor FTE. The Psychology Advisors now report to one of two Clinical Advice Managers both of who are psychologists. Along with eight other Clinical Advice Managers in turn they report to the Team Leader (Clinical) (Stafford Thompson). There is no equivalent of the previous role of National Manager Psychology and Mental Health.

A new Chief Clinical Officer (Dr John Robson) has been appointed and will commence at ACC 4th March 2019. Most recently he has come from being the Chief Medical Officer at Immigration NZ. He is responsible for the overall governance and accountability for the quality of clinical advice and decision-making and the Clinical partners and Clinical Quality and Governance Teams report to him directly.

PACE Process

Questions were raised around the process ACC use for establishing weekly compensation before a mental injury assessment has been undertaken for sensitive claims and work-related mental injury claims. Mary Jo King outlined the conditions under which this can occur, and noted that it is a process for sensitive claims only but that not all sensitive claims clients are eligible, and work-related mental injury claims are also not eligible. Angelika has followed up regarding the process for Work-related Mental Injury (WRMI) and has established that if the WRMI was a very straight forward case where the symptoms had resolved, the person had returned to work, and only a few weeks of back-dated earnings related compensation was required then this could be approved quickly. It was noted that there were only certain claims that fitted these criteria. If the case was more complex, or symptoms returned, or if there is an application for weekly compensation then a mental injury assessment would be required before any compensation could be paid.

When to use independent assessors

Questions were raised about when to use independent assessors rather than have assessments completed by a treating clinician. It was noted that there are mixed feelings about this amongst clinicians and clients with strong but polarized opinions on both sides of this issue. ACC noted that we would not set a hard and fast rule about this and that this should be decided on a case by case basis with it being a matter for clinical judgement to some extent albeit that from time to time ACC might specifically request an independent assessment. NZCCP and NZPsS have agreed to develop a discussion document around this which they will ultimately circulate amongst the psychological, psychotherapy and counselling communities in an attempt to get some kind of consensus as to what the clinical and professional consideration factors should be when considering balancing both the potential role conflicts of being the assessing clinician after a period of being the treating clinicians and the issues for clients in having to repeat their history with a new assessment provider.

Amount of Travel Reimbursement
Pricing have been made aware that some psychologists have requested that the payment for travel be reviewed from both the provider and client perspective. ACC reviews the prices for the Travel Distance codes annually. Any change would be reflected in the subsequent price review for that specific service. Petrol costs make up a minority of the 'per kilometre' fee. Other vehicle-related costs make up the majority of the price. The rates will be reviewed again in coming months.
If clients are having difficulty attending ACC appointments for transport reasons, they should contact their Case Owner to discuss possible options.

Session length
There is no rule about session length and this should be considered on a case by case basis and discussed with the relevant case owner who may seek a Psychology Advisor opinion. Essentially the provider would need to provide a clear and specific rationale and would need to be thinking from the outset about the longer term plan for reducing session length and/or frequency of sessions over time as part of the expectations that providers usually have about this as clients improve and treatment progress occurs. It is likely that if approval was given then case owners would assume that the need for longer sessions would be temporary, and that the updated plans that would usually be required after a year if sessions were shorter would then be required earlier. Whilst not true on all contracts, approvals on ISSC are essentially for a number of hours over the year rather than a number of sessions so if sessions were longer or more frequent than 1 hour weekly then the allocation would be used more quickly.

DNAs
We received a lot of feedback about DNA's as part of our recent provider/supplier survey and it was an area where there is some clear inequity and we will be considering our approach to this as part of the re-tender in 2020. In the meantime most providers likely seek to minimise DNA's through a variety of mechanisms such as contacting the client the day before the session or sending a text reminder about an appointment. Many non-ACC agencies (e.g. Community Mental Health, PHO providers) have policies about how to respond to more than 2-4; many other agencies who refer to private psychologists (e.g., some EAP organisations) do not pay DNA's at all or take them out of the actual treatment allocation; and many private practitioners do not charge clients for DNA's knowing that they may not pay these for various reasons. Some private practitioners do charge clients for additional DNA's over and above what ACC funds and do this by making this clear in writing with the client at the outset. Essentially it is up to the supplier to decide what to do when the client has exceeded the four DNA's but it is useful if providers expect the unexpected and are able to use the non-client contact time resulting from a DNA in some way that is personally useful.

Admin fee
There was a question around when this can be invoiced for. The Sensitive Claims Unit notes that as of 1 September 2018 the admin fee is invoiced when an engagement form has been submitted at the completion of Getting Started. No prior approval / purchase order number is required. The admin fee is still limited to one per claim.

ISSC Reports and report templates
There were a number of questions about the reports, and the report templates and their layout. As part of our recent survey of suppliers and providers we have received a lot of feedback about the various reports including the time allotted for completing them. We will be considering our approach to reporting as we prepare for the re-tender in 2020 but are not likely to change anything prior to this. Similarly the various templates will be reviewed as a part of the re-tender process in 2020. We would note that we do not encourage copying and pasting as it can, and in the past has, lead to incorrect details on forms resulting either in errors being perpetuated or in privacy breaches. For the sake of privacy, ideally all information should be entered manually into a clean form every time.

Group Therapy
We know there have been some concerns regarding payments, DNA's, and the potential for hidden costs associated with admin and liaison and we will be looking at the group work based on the feedback we have had as part of reviewing the contract for the re-tendering.

Mental Injury Incapacity Assessments
The legislation requires these to be done by a registered medical professional. ACC Policy made exceptions to allow a clinical psychologist to do them but only in the event there was not a psychiatrist available within a reasonable time-frame.

Trauma Competency Framework
ACC will not be developing a Trauma Competency Framework as this is not ACC's role or function, and ACC does not determine competency standards. Any work in that area would need to come from the professional bodies and be informed by research.

Suppliers - 0800 Numbers
There is no requirement for suppliers to have 0800 numbers and this is not for ACC to mandate. ACC can only mandate that providers can be contacted by telephone, that suppliers have a system by which messages can be left for suppliers, and that these messages are monitored.

Purchase Order Updates
There has been a request that purchase orders be sent as a PDF doc rather than being sent as word documents. ACC have been sending them as word documents to ensure that they are received promptly by suppliers but they are saved internally as PDF documents. This does not pose any risks if documents are changed in error but it is hoped that internal system changes will mean that the system will save as PDF's automatically from later in March.

Ongoing risk issues
Some people were uncertain about why ACC would ask about issues of risk in a treatment completion report. This was included in the report because we were aware that many of our clients will have risks that continue past their treatment completion, and in some cases there may be life-long areas of risk. We were not imagining that this would be relevant for all clients-some it would never have been relevant for as they may never have represented risk to themselves or others and may not have had any areas of particular vulnerability. For others the therapy would not likely end while risks persisted. However there are others who will complete treatment with significant areas of risk remaining (e.g., children who will likely have ongoing care and protection issues, elderly clients with dementia, clients with intellectual disability who are vulnerable to further sexual or non-sexual exploitation, clients who have significant co-morbid difficulties and will need careful handover to other services). We included this because there had been a tendency for providers to consider only the risks that they would likely be addressing across the course of treatment, and not consider/advise of the risks that would likely persist and how these would be addressed and by who.

Second opinions/Second assessments
There was a question about being asked to do a second supported assessment/second opinion without ACC providing details of the earlier assessment. The Sensitive Claims Unit staff noted that without considering actual cases it is difficult to know why this had occurred and noted that second assessments and second opinions were not always the same thing. Second assessments might occur if the earlier assessment was some time ago and for various reasons now needed up-dating; if the client was re-entering the ISSC after a considerable gap; if mental injuries needed to be clarified for financial entitlement purposes; if the client requested a new assessment; or if this was recommended by an internal advisor for some reason (e.g., if there had been a previous decline and the client was re-entering with new information). Second opinions might be requested because a client, their advocate or a reviewer has requested this or because conflicting opinion on the claim requires further clarification. Whatever the reason, ACC would see it as important for the current assessor to have all previous file information including prior assessments, and to know that they were completing a second opinion if that were the case. In rare instants previous file information and assessments might not be released in error or because the client has insisted that information held by ACC is not released or has refused to allow an assessment they disagree with to be

released. Mary Jo King (Manager Sensitive Claims Unit, ACC) has requested that she be contacted if there are specific issues.

Anonymised reports as part of contract evaluation
ACC only ask for anonymized reports when we do not know a provider's work or what their training/experience has likely involved. We receive a relatively high number of applicants from overseas trained psychologists and it is difficult to know the nature of the training they have received in the specific areas which ACC covers. ACC typically request these anonymized reports in the context of the Psychological Services and Neuropsychological Services contracts. We have had instances where the quality of reports we have received has been of a significantly lower quality than we would have expected/anticipated given the other material outlined in the application to be a named provider.

We would expect that psychologists would be sufficiently aware of the privacy and confidentiality issues that ACC would not need to provide guidelines as to how to seek permission to use an anonymized report OR how to create a fictitious report based on a real client or number of clients if accessing a real report was not possible. In any event the anonymized report is only seen by the evaluator who is a clinical psychologist and perhaps a Psychology Advisor for a second opinion if there are any questions about quality. The report is not seen by anyone else. We would expect for the report to be sufficiently anonymized such that the client could never be recognized.
In some cases we have approved applicants for provisional registration so that reports can be completed for ACC under close clinical supervision and so that we can review the quality of the reports before making a decision about approving full provider status. Typically, this occurs when applicants meet the majority of the requirements of the contract but ACC does not know of the person's work.

Assessors investigating the veracity of client reports of abuse
ACC do not investigate whether or not sexual abuse events occurred, we do not require clients to prove abuse occurred, and we do not want assessors to investigate this either. Assessors may comment on this on the very rare occasions when the reports do not seem credible and appear to reflect some other issues (e.g., where the report clearly reflects a psychotic process), and we would want assessors/providers to gently explore any gross inconsistencies in reporting. It may be appropriate for ACC to send out a practice note given that this involves ACC policy.

The next meeting will be on 27 June.

Observations of some of my favourite animals – Guinea Pigs
Jenny Wilson

Being a small prey animals, guinea pigs live with the deep ancestral knowing that the world is a very dangerous place. Violent death can come at any time, in the shape of The Big Grey Cat or the Yappy White Dog. Our piggies provided illuminating lessons about living with ever-present threat.

Their response to new people, animals or sounds was a brief freeze, then rapid flight to the safety of the familiar den. This was followed by a pause then a cautious curious peek out to sniff the air and re-assess. Inviting rewards (fresh grass or another guinea pig) sped up the process of venturing out into the world again. Over time, scary things (new humans!) became less threatening and even interesting. Bravery was rewarded with access to the best treats and increased confidence.

On close observation each piggy had their own personality style. One brave individual could change the whole group dynamic, assisting others to be brave too, by remaining steady in the face of false alarms. They were all happiest when with familiar companions, chattering or "purring" with pleasure when grooming each other. They took great enjoyment in the simple pleasures of fresh hay, green grass, crunchy vegetables and sunshine. Young ones expressed delight by "pop-corning"- bouncing and kicking in the air with surprising agility.

Our guinea pig's lives were punctuated by regular moments of terror, fleeing from real and imagined dangers. In spite of this they lived out their natural life-span with bravery, warmth and companionship and what looked a great deal like moments of pure unadulterated joy.

Cat Wisdom – Nine lessons learned from the lives of cats
Louise Morgan

We have three beautiful cats - an elderly female Burmese, an adolescent male Burmilla (cross between a Burmese and Chinchilla), and a British Blue kitten. They each have their own personality, but are very affectionate, intelligent and loving cats. In fact, most people who visit our place are drawn to them, even those who don't usually like or are allergic to cats!

This is not so much about how observations of cats guide my clinical practice, but more a reflection on how I would like 'the cat's life' to guide my own life a little more, including my practice.

1. Cats are very good at being in the present moment. They are good at following the best spots in the house for warmth and comfort. Our Burmese Chanel will move from bed to bed staying with whoever is sleeping in the longest, and then move to particular spots throughout the house (and outside) that catch the sun. Being mindful and in the present moment is important in therapy, and in life in general.
2. Cats are good listeners. Our cats are particularly good at hearing the sound of a packet of treats shaking, and the sound of the cat food being opened. In the same way we need to be attuned to the needs of our clients.
3. Cats are empathic. They have an ability to sense when someone is upset, hurting, and even dying. There are amazing stories of cats (and dogs for that matter) that live in rest homes and lie beside people in their last hours. Our elderly Burmese is particularly good at providing cuddles and comfort, and has come and snuggled up when I have been sad, and recently when I was comforting my daughter, came and joined us for a family hug. As therapists it is important that we practice compassion and empathy, the ability to sit with people in pain and suffering. I believe that with practice, this skill can be developed so that we are able to resonate more deeply with clients, to intuitively know when to speak, to be silent, or to offer our own sense of what might be happening for them. There is something both magical and humbling when this happens in the therapy room.
4. Cats are very good at self-care. They always get enough food and sleep. In fact, alongside lots of cuddles, these two factors seem to be their top priorities. This reminds me of the importance of self-care for us as therapists. Without the basics of self-care and resilience (rest/sleep, good nutrition, exercise, connection with others/engagement in life) we are unable to function optimally or to meet the needs of those we interact with. Cats eat frequently (they are grazers) and sleep often. I'm not sure we could get away with sleeping as often as cats, but I have at times, needed to take a 'cat-nap' in my office on particularly long days. A little nap goes a long way in functioning well. On long days, with back to back clients, I also try and graze - and have a collection of little snacks I can eat between sessions. This ensures that I am able to give my best to my clients.
5. Cats like to stretch, especially when the wake up from a sleep. I think that a good stretch between clients can be very helpful. It is also something I sometimes do with my clients, especially after some particularly difficult processing. A little slow breathing and a stretch go a long way!
6. Before a cat sits down for a rest, it will knead the space to make it comfortable (not so comfortable if this happens on bare legs). In the same way, in working with our clients, we need to allow our clients time to find and create a safe place in the therapy room, where they are able to down-regulate and form a relationship of trust.
7. Cats enjoy adventure. This is particularly true of our Burmilla Armani, who loves the outdoors. It is important that we engage fully in life and do the things that give our lives richness and meaning. For me, this is getting out into life and enjoying adventures and activities such as time at the beach, tramping, and cycling. This is particularly important for us as psychologists I believe, as so much of our day is sitting inside, being still, focused, and listening to stories of pain and suffering. It is good to get outside and chase a few butterflies, or simply sit and enjoy the warmth of the sun, or the sound of the birds.

Again, having a balanced life ourselves is one of the ways we can demonstrate healthy living to our clients. It is also key in my practice with all my clients - encouraging seeking a life of richness and meaning, and engaging in what matters.

8. Cats express gratitude. When they purr, you know they are in their place of bliss. We too can model and express gratitude, and encourage our clients to make this a part of their lives.
9. Gratitude is often about the smallest things. For our cats, it is usually a good rub under the chin…In therapy, sometimes it helps to take a moment and pause to be grateful for the little things, and to notice the gains our clients have made and sit with them for a while, to be able to say "this feels good."
10. Finally, cats will hiss and growl when they feel threatened. It is good to remember, that like cats, and other mammals, our clients will sometimes bristle or lash out (not necessarily physically) when they feel under threat. With the addition of our newest kitten, Armani is feeling particularly put out, and is certainly letting us know. I often find that talking about animals and the threat system helps clients to feel okay about why they sometimes respond to fear and threat the way they do.

In sum, there is a lot to learn from cats as numerous quotes, sayings, posters and calendars will attest. So in sum, stay in the present, get plenty of sleep, stretch often, eat well, enjoy your moments of bliss…

NZCCP 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/event-calendar/)

TRAINING TIMETABLE

NZCCP Events

LOCATION	MONTH	PRESENTER/ CONTENT
Sydney	5 April	NZCCP/ACPA joint conference: *"The Contemporary Clinician: combining ancient wisdoms, cultural traditions, and modern advances"*
Sydney	6 April	ACPA/NZCCP joint preconference workshop: *MiCBT: Advanced Skills* with Dr Bruno Cayoun
Auckland	12-13 May	NZCCP national conference: *"The Heart of Psychology: Our people, our land, our future": "Te Pū o te Whatumanawa: ko te iwi, ko te whenua, ko te anamata"*
Auckland	14 May	NZCCP post-conference workshop, with Rob Muller

Other Events

LOCATION	MONTH	PRESENTER/ CONTENT
Wellington	23-24 March	Attachment in Clinical Practice
Wellington	26 March	Advanced Suicide Risk Management Training
Wellington	30 March	Rescuing the Inner Children: Gentle Trauma Work for Chronic Sexual Abuse
Auckland	3-6 April	Emotionally Focused Therapy for Couples externship training
Auckland	5-6 April	Eating Disorders Workshop Series
Auckland	6 April	Cognitive Analytic Therapy: The Model and Its Applications
Auckland	8-9 & 10-11 April	Acceptance & Commitment Therapy Training
Wellington	1 May	NZSIGN working with Functional Neurological Symptoms workshop
Christchurch	6-7 May	Training by Lisa Dion - Synergetic Play Therapy
Napier	10-11 May	Modern Therapy Approaches for Narcissistic Personality Disorder
Auckland	11-12 May	Becoming Trauma Sensitive: The Professionals Path to Making Meditation Safe and Effective for Trauma Survivors
Wellington	13-14 May	Introduction to ACT two day workshop
Napier	24-25 May	Trauma and Personality Disorder: Integrative Psychotherapy of Trauma Induced Personality Disorders
Nelson	18-20 September	The Royal Australian and New Zealand College of Psychiatrists 2019 NZ Conference