



# ShrinkRAP

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

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## President's Word

Nigel Fairley

The College regularly receives correspondence from a number of policy making and consultative groups asking for opinions or feedback on documents and policy process.

What follows is a summary of the letters received recently.

The NZ Psychologists Board has sent the College a consultation paper on a possible "Counselling Psychologist" vocational scope of practice. The Board had received a formal application proposing this new scope of practice and this consultation document intends to further earlier debate with a view to informing the Board's decision

The proposed wording for the Counselling Psychologist is:

"Counselling Psychologists apply psychological knowledge and theory derived from research to the area of client empowerment and enhancement; to assist children, young persons, adults and their families with personal, social, educational and vocational functioning by using psychological assessments and interventions, and preventative approaches that acknowledge ecological, developmental and phenomenological dimensions. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal and Board-prescribed standards."

The proposed qualifications for the "Counselling Psychologist" scope of practice are:

"A minimum of a Masters degree in Psychology from an accredited educational organisation and an accredited Postgraduate Diploma in Counselling Psychology, or equivalent qualification. Eligibility for a counselling psychology scope of practice shall require a Board approved practicum or internship involving 1500 hours of supervised practice"

It's important to keep in mind that the basis of the HPCA legislation is protection of the public. College member feedback is welcome.

The College has received notification from the Health and Disability Commissioner, Ron Paterson, that a new policy has been introduced whereby group health providers who have breached the code of Health and Disability Commission consumers' rights will be routinely named. This new policy is based on a concern of the Commission that NZ has adopted a more "secretive" approach to complaints than other countries which relies on traditional professional self-regulation. The Commission's view is that secrecy undermines public confidence both in the health professions and the disciplinary procedures. HDC will however continue to anonymise the names of individual providers in the majority of cases.

Correspondence from ACC indicates that this organization is introducing the Pain-Disability Program (PDP) into NZ as a standardized community based intervention designed to specifically target psychosocial risk factors to prevent pain related disability. The program has been developed by a Dr Michael Sullivan, Professor of Psychology and Medicine at McGill University, Montreal. A number of College members have registered to attend one of his two day workshops and expressed a desire that completion of the workshop is recognized by the recording of Continuing Education credits. It is this request that has resulted in ACC writing to the College asking what they need to do to ensure that College members are awarded credits. As members are already aware Fran Vertue is currently

leading the current work on the MOPS program and feedback has been received from members on a draft proposal. (The latest draft of the MOPS program is in this newsletter.) We are also expecting guidance/direction from the Board on the minimum expectations of a MOPS program

We have been contacted by MoH concerning the "Let's Get Real" consultation meetings. This draft of Let's Get Real has been developed in response to feedback and workshops last year and there is now another round of consultations including meetings in Auckland, Rotorua, Christchurch and Wellington. The document is available for feedback from the Let's Get Real website at [www.moh.govt.nz/letsgetreal](http://www.moh.govt.nz/letsgetreal) with a deadline of Friday 12 October.

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## Website report for August 2007

David Mellor, Webmaster

[webmaster@nzccp.co.nz](mailto:webmaster@nzccp.co.nz)

Usage of the website has continued steadily (at least during weekdays) over the last few months with over 600 unique visitors per month viewing between 5-6 pages per visit, but only one third visiting more than twice. There has been a change in the most frequently used pages with the most common now being the new Members section which gives access to subscription forms, the documents related to subscriptions and events. The vacancies page continues to be well used but has slipped down the popularity scale.

Business has been brisk at times in the newly established website payment facility with approximately 70 subscriptions or events being paid for this way since its introduction. There have been few teething troubles but soon the membership and MPS forms will be separated so that the declaration tick boxes for each can be kept independent.

Although social networking and information exchange are happening more and more online, this community of psychologists seems to find the hurdle too great and the Forum is languishing in deathly silence most of the time. We have 50 members registered and 24 students. At the time of writing (15 Aug) the last post (a student member) was on 24 July with a total of 5 replies since the forum began late last year. Clearly we do not have much interest in this type of forum and members are simply not visiting the site regularly enough to participate. My efforts to get a "yahoo" listserve going a couple of years ago resulted in a similar early death experience.

I have to ask the question... **"Are we ready to be an online community in any shape or form?"**

Relatively minimal costs arise in terms of time for development and maintenance of the site, for software and paying for space on the server we use. As long as we can use "open source" software, keep away from expensive commercial applications and maintain the content of the site ourselves, this cost is quite small.

We could

1. Keep the website simply as a repository for static information

OR

2. Use it as an agent to communicate with, and offer services to, our membership.

As the largest single organisation of Clinical Psychologists in NZ, we need to decide

**What we want the site to do for us??**

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# Maintenance of Professional Standards

From the MOPS committee  
Fran Vertue, Eileen Britt, Bronwyn Moth

Well, here is the 3<sup>rd</sup> draft of the MOPS program for the College, having taken account of the valuable feedback we have received from Members in the past 6 months. We have substantially simplified the program in the interests of keeping it flexible, and manageable for Members and the committee. There are a few things still to be decided (e.g. does it need to be adapted for different classes of membership; how will we set up the online option?). These questions will be addressed by National Council over the coming weeks. We would be grateful for final feedback from Members (either to [fran.vertue@canterbury.ac.nz](mailto:fran.vertue@canterbury.ac.nz) or in the forum on the website) by the end of October, as we plan to present the final draft at the AGM this year. Once the program has been ratified by Members at the AGM, we will ask a sample of Members to complete it in order to iron out any difficulties in its execution. We hope to implement the program in July next year (once we've heard what the Psychologists Board recommend), and the first time that Members will need to apply for points will be July 2009. Remember, it will be a work in progress for the first couple of years as we resolve any difficulties that arise when we implement the program, so please be patient with us!

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## ***Maintenance of Professional Standards (MOPS) Program***

20 August 2007 (Draft 3)

### **Mission Statement**

The Maintenance of Professional Standards (MOPS) program provides a structure for Clinical Psychologists to reflect on, and develop, their professional practice. The aim of the MOPS program is to promote the delivery of excellent clinical psychological services.

### **Vision**

The MOPS program will be recognised and accepted by Members as a helpful mechanism for maintaining and enhancing excellence in the practice of clinical psychology. This occurs through participation in quality activities that are relevant to clinical psychology practice, and are sensitive to the needs of the community.

### **Values**

The principles underlying the mission of the MOPS program include the valuing of:

- life-long learning
- a willingness to reflect critically on one's own practice
- openness to review by peers
- a willingness to change and develop
- a commitment to the Treaty of Waitangi

### **STRUCTURE OF THE PROGRAM**

MOPS is a program for all Clinical Psychologists, including those who work in clinical practice, teaching, research, or management. In determining the content and shape of the program, the Council has drawn upon current educational theory and research about what activities provide the best outcomes in terms of improving performance and enhancing competence. Those activities that require active participation, and that require reflection on your own performance in your work as a Clinical Psychologist, are given more weight than those activities where your participation is more

passive, and where your performance is not challenged. The MOPS program is likely to have significant overlap with other workforce requirements for professional development, and is designed to make transfer of information as easy as possible.

## GLOSSARY

**Claim:** Application to have MOPS points registered against a Member's name.

**Professional Supervision:** Activities that promote critical reflection on the practices of clinical psychology within the context of a relationship with one or more relevant people. Professional Supervision covers all roles taken by Clinical Psychologists, including (but not limited to) clinical work, teaching, research, supervision, and management roles. Professional Supervision is important because it facilitates critical reflection and corrective feedback which contribute to excellence in practice.

**Continuing Education:** Activities that extend the practitioner's knowledge base and skills repertoire relevant to the practice of clinical psychology in any of its roles. Continuing Education is important because the acquisition of new knowledge and skills, and the integration of these into existing frameworks, promotes excellence in practice.

**Bicultural Development:** Activities that extend the practitioner's cultural awareness, knowledge and skills in relation to Kaupapa Maori, with particular attention to the key principles of the Treaty of Waitangi of partnership, participation and protection. Continuing bicultural development is important because acquiring cultural competence is a cumulative process that occurs over many years and in many contexts. Bicultural development promotes excellence in the practice of clinical psychology in Aotearoa/New Zealand and recognises the centrality of the Treaty of Waitangi in the Code of Ethics for Psychologists Working in Aotearoa/New Zealand (2002).

**Advancement of Psychological Knowledge:** Activities that contribute to the effective dissemination of reliable and valid psychological knowledge. These activities are important because excellent practice is dependent, in part, on access to reliable and valid knowledge.

### THE MOPS PROGRAM AT A GLANCE

CATEGORY OF POINTS	3-YEAR CYCLE		EACH YEAR	
	Fulltime (.7 EFT or more)	Part-time (.6 EFT or less)	Fulltime (.7 EFT or more)	Part-time (.6 EFT or less)
<b>Total</b>	<b>600</b>	<b>300</b>		
<b>Supervision</b>	<b>300</b>	<b>150</b>	<b>100</b>	<b>50</b>
<b>Continuing Education</b>	<b>180</b>	<b>90</b>	<b>60</b>	<b>30</b>
<b>Bicultural Development</b>	<b>60</b>	<b>30</b>	<b>optional</b>	<b>optional</b>
<b>Advancement of Psychological Knowledge</b>	<b>60</b>	<b>30</b>	<b>optional</b>	<b>optional</b>

## MOPS PROGRAM REQUIREMENTS

### **Fulltime practitioners (.7 or more EFT):**

- Over **three consecutive years** you need a minimum of 600 points, of which 300 are from Supervision, 180 points from Continuing Education, and 60 points each from Bicultural Development, and Advancement of Psychological Knowledge.
  - You must accrue 100 points from Supervision **per year**, and 60 points **per year** from Continuing Education, but points from the other two categories may be accrued at any time over the three-year period.
  - If your clinical psychology role does not entail the traditional forms of supervision (see below for examples), you will need to show evidence of reflective practice to qualify for supervision points. You can apply to the MOPS committee for a special consideration in terms of the spread of points required.

- When you renew your membership each year in July, you must submit a claim to the MOPS committee for points accrued during the previous calendar year.
  - Successful renewal of membership depends on the lodging of the required MOPS points against your name.

***Part-time practitioners (.6 or less EFT):***

- Over **three consecutive years** you need a minimum of 300 points, of which 150 are from Supervision, 90 points from Continuing Education, and 30 points each from Bicultural Development, and Advancement of Psychological Knowledge.
  - You must accrue 50 points from Supervision **per year**, and 30 points **per year** from Continuing Education, but points from the other two categories may be accrued at any time over the three-year period.
  - If your clinical psychology role entails minimal supervision, you can apply to the MOPS committee for a special consideration in terms of the spread of points required.

**CATEGORIES OF POINTS FOR THE 3-YEAR CYCLE OF THE MOPS PROGRAM**

**1. Professional Supervision: A minimum of 300 points for full-time practitioners (.7 or more EFT) and 150 points for part-time practitioners (.6 or less EFT)**

- Professional Supervision is rated at 5 points per hour.
- Fulltime practitioners (.7 or more EFT) must accrue a minimum of 100 points **per year** (20 hours); part-time practitioners (.6 or less EFT) must accrue a minimum of 50 points **per year** (10 hours).

*Forms of Professional Supervision include*

- Professional Supervision can be undertaken individually or as part of a group. A group may consist of other health professionals as well as Clinical Psychologists. It is expected that the group will consist of at least 75% Clinical Psychologists. If you want to form a group with more than 25% non-Clinical Psychologists you should apply to the MOPS committee for a variation.
- Participating in supervision through telephone or video link is both accepted and encouraged to allow those who work in isolated circumstances to participate.
- Each Supervision session should last at least one therapeutic hour.
- All supervision arrangements need a contract between the participants and a record of attendance signed by the participants at each session.
- Cultural supervision

**2. Continuing Education: A minimum of 180 points for full-time Practitioners (.7 or more EFT) and 90 points for part-time practitioners (.6 or less EFT)**

- Continuing Education is rated at 5 points per hour.
- Continuing Education includes (but is not limited to)
  - Attendance at conferences, workshops, and seminars
  - Reading of relevant materials, e.g. journals, manuals, books
  - Attendance at in-service education meetings
  - Attendance at journal clubs
  - Reading, study, research, and discussion associated with project development
- Tertiary level education is rated at 100 points per year if studying full-time for a higher degree (e.g., PhD) or another post-graduate qualification (e.g., PG Diploma in Neuropsychology); and 50 points for half-time study for such a degree.
- Apply to the MOPS committee for rating of any other study commitments.

CONTINUING EDUCATION ACTIVITY	EXAMPLES OF SUPPORTING EVIDENCE
Attendance at conferences, workshops, and seminars	Attendance certificates, proof of registration, receipt of payment
Reading of relevant materials, e.g. journals, manuals, books	Log with brief review of key points
Attendance at in-service education meetings	Attendance certificates, proof of registration
Attendance at journal clubs	Log with brief notes of activities
Reading, study, research, and discussion associated with project development	Evidence of planning and outcomes
Course study	Proof of registration, evidence of completion e.g. grade achieved

**3. Bicultural Development: Minimum of 60 points for full-time practitioners (.7 or more EFTs) and 30 points for part-time practitioners (.6 or less EFTs)**

- Bicultural Development is rated at 5 points per hour.
- Bicultural Development includes (but is not limited to)
  - Participation in bicultural development programmes or training courses
  - Marae or Maori community involvement
  - Attendance at Treaty education programmes
  - Te Reo courses
  - Kaupapa Maori education programmes
  - Consultation with Kaumatua or Maori health/mental health workers

BICULTURAL DEVELOPMENT ACTIVITY	EXAMPLES OF SUPPORTING EVIDENCE
Participation in bicultural development programmes, or training courses	Attendance certificates, proof of registration, receipt of payment
Marae or Maori community involvement	Log with brief review of key activities
Attendance at Treaty education programmes	Attendance certificates, proof of registration
Te Reo courses	Attendance certificates, proof of registration
Kaupapa Maori education programmes	Evidence of registration and program outline
Consultation with Kaumatua or Maori health/mental health workers	Log with brief review of key activities

**4. Advancement of Psychological Knowledge: Minimum of 60 points for full-time practitioners (.7 or more EFTs) and 30 points for part-time practitioners (.6 or less EFTs)**

- Contribution to the Advancement of Psychological Knowledge is rated at:
  - Teaching, examining: 1 point per hour
  - Scientific presentations: 20 points for oral presentation, 15 points for poster
  - Providing in-service or cross-service training: 5 points per hour
  - Training for community organisations: 5 points per hour
  - Organisation of workshop: 20 points
  - Organisation of conference: 100 points
  - Academic publications: peer-reviewed 50 points as first author, 25 points as co-author; non-peer-reviewed 30 points as author, 15 points as co-author
  - Other publications, e.g. magazine or newspaper articles, book reviews: 10 points
  - Provision of supervision: 5 points per hour
  - Observation of a teaching session by a teaching colleague with an hour's feedback session with the observer may be entered as supervision. Each participant may apply for 10 points for this exercise.

<b>ADVANCEMENT OF PSYCHOLOGICAL KNOWLEDGE ACTIVITY</b>	<b>EXAMPLES OF SUPPORTING EVIDENCE</b>
Teaching, examining	Course outline
Scientific presentations	Conference program
Providing in-service or cross-service training	Log with brief notes of activities
Training for community organisations	Log with brief notes of activities
Organisation of workshop	Workshop program
Organisation of conference	Conference program
Academic publications	Verifiable references or copies of publications
Other publications	Verifiable references or copies of publications
Provision of Supervision	Log signed by all participants
Teaching observation	Log signed by both participants

### **PROCESS OF CLAIMING MOPS POINTS**

- When you renew your membership each year (July), you must submit a claim to the MOPS committee for points accrued during the previous calendar year. This can be accomplished online at the NZCCP website. Supporting evidence can be scanned and submitted online, or submitted in hard copy
  - Successful renewal of membership depends on this criterion being met.
- If, at the end of three years, you have not accrued the necessary points, the first year and its points are dropped, and the fourth year of enrolment becomes the third year, allowing you an extra year to achieve the target.
  - You may do this only once within a 10 year period.
- The MOPS program is organised on an annual basis, beginning on 1 July. New Members can accrue points from the date they become Members, and these can be included in the following year's claim.
- An activity cannot be used to credit points towards more than one component (e.g., points for attendance at a bicultural workshop could not be credited to both the Bicultural Development and Continuing Education categories).

### **EXCEPTIONAL CIRCUMSTANCES**

- Some Members may have difficulty meeting the requirements of MOPS due to circumstances related to their work, or life events.
  - If you plan to stop working for a while, you may suspend from the MOPS program for up to 2 years.
  - If you need a longer break, you will need to withdraw from the program and re-enrol when you are ready to return to work.
- If you are unwell or unable to participate in the MOPS program for a period of time of less than one year you can request, via the MOPS committee, to have that year excluded from your three-year cycle.
- Where special advice and adjudication is required, the MOPS committee will be called upon to make a determination.

### **PROGRAM MONITORING**

There will be an audit of 25 participants, randomly chosen each year, to verify the points claimed. This will include a random sample from those claiming high points and those claiming low points. You will be asked to provide supporting evidence of participation for the previous year only. If you are found to have claimed more points than you can support, your points score will be adjusted downwards. Similarly, if you are found to have under-claimed, points will be added to your record. If you have reported incorrectly in your favour by more than 10% in one year, you will automatically be included in the following year's audit.

### **PROGRAM EVALUATION**

The MOPS program will be reviewed by the council of the College on a regular basis, usually every two or three years. Notice of a review will be publicised in the MOPS Report in the various NZCCP

publications. Some of the activities within MOPS have a built-in evaluation which contributes valuable information to a review. If you have any comments about the program or any ideas for how it might be improved, please contact the College MOPS program Coordinator. The MOPS program is reviewed on a regular basis and any changes in rules introduced from time to time will apply to all participants from the date of introduction of the changes.

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## **NZCCP 2007 Conference Update**

**Rutherford Hotel, Nelson**

**Jo Nightingale, Chair, Wellington Branch**

**on behalf of Wellington and Nelson Branches, organising committees.**

### **Pre-conference Workshop: Thursday and Friday, 22-23 November 2007**

The appliance of science

Achieving excellent and sustained results

when helping people suffering from anxiety disorders.

Professor Paul Salkovskis

### **Conference: Saturday and Sunday, 24-25 November 2007**

Therapy uncorked

We're happy to report that registrations are beginning to flood in for the Paul Salkovskis workshop and the conference, so if you haven't done so already, get your registrations in as soon as you can. Early Bird rates end on 1 October.

The conference programme will be finalised during October and details posted on the website [www.nzccp.co.nz](http://www.nzccp.co.nz). All professional/academic events during the conference are covered by the registration fee and will take place within the two conference days. There will be competing streams. You don't need to register for your elected stream.

Please note that Paul Salkovskis' workshop will start at 9.30am on Day One to give people the option of travelling that morning. Day Two will finish at 4.30pm.

Thanks to all of you who have submitted abstracts for Conference papers and workshops. You should have had email acknowledgement of receipt. We're really excited about the diversity and freshness of the presentations we've received so far. But we always have room for more, so please get your submissions in before the closing date of 31 August.

To date, we've had no entries for Student Posters. Posters are a great way to present your research and are always enjoyed by conference attendees, so please think about putting in an entry before submissions close on 31 August. There's also a \$200 prize for best Student Poster. If anyone is unsure how to go about producing a Poster, your academic department should be able to help.

Social events at the Conference include an informal welcome and get-together in the Rutherford's Port of Call Bar, 5.30-7.30pm, Friday 23 November. Nibbles will be provided. We'll also have drinks and nibbles to precede the AGM, 4.30pm Saturday 24 November. And of course, the Conference Dinner at the Boathouse. The dinner is limited to 100 people so be sure to sign up for this event on your registration form. Seats will be allocated on a first-come first-serve basis.

We look forward to seeing you in November.



# Summary Of HPDT Decision For Publication

On 7 May 2007 the Health Practitioners Disciplinary Tribunal (HPDT) heard charges laid before it against a registered Clinical Psychologist by the Director of Proceedings.

The HPDT has ordered permanent suppression (non-publication) of name and all identifying particulars of both practitioner and patient involved. A summary of the charges and HPDT's decision follows.

## Charge

The Director of Proceedings laid charges separately or cumulatively amounting to Professional Misconduct. Those charges (as amended) were:

1. The practitioner commenced a sexual relationship with a former patient during a time in which the power relationship could influence personal decision making.
2. The practitioner misled the Health and Disability Commissioner in regard to details of the relationship.

## Finding

The practitioner admitted the charge of professional misconduct and the Tribunal found the practitioner guilty of professional misconduct on both charges.

## Finding For Each Particular Charge

1. *That the practitioner commenced a sexual relationship with a former patient during a time in which the power relationship could influence personal decision making.*

The Tribunal was completely satisfied that the facts of the first particular were established and professional misconduct had occurred. The sexual relationship had commenced with the patient at a time when the patient was particularly vulnerable. The practitioner was placed in a powerful position with regard to the patient and had blurred professional boundaries by pursuing personal objectives rather than those of the patient. The practitioner sought support and comfort from the patient in regard to the practitioner's personal issues and had effectively encouraged the patient's involvement.

2. *The Practitioner misled the Health and Disability Commissioner in regard to details of the relationship.*

The practitioner had misled, and encouraged the patient to mislead, the Commissioner as to the circumstances of their sexual relationship. The practitioner admitted to pressuring the patient into misleading the Commissioner even though the practitioner was fully aware that the patient was in a vulnerable state at that time.

The Tribunal was satisfied that the conduct which involved not only personally misleading the Commissioner, but also encouraging another (vulnerable) person to mislead the Commissioner, involved a significant departure from acceptable standards and constituted both malpractice and the bringing of discredit to the profession. The Tribunal was satisfied that disciplinary action was necessary for the purposes of protecting the public, for maintaining professional standards, and for punishing the health practitioner.

The Tribunal found the second charge established as professional misconduct.

## Penalty

1. The Tribunal ordered the practitioner's registration as a psychologist be cancelled. The Tribunal also directed that before the practitioner reapplies for registration the practitioner must satisfy the following conditions:

- (a) The practitioner must submit for a psychological examination by two independent psychologists working collaboratively, not more than 12 months before any application for registration is made. A written report of the examination is to be provided to the New Zealand Psychologists Board. Specific consideration is to be given by the independent psychologists as to whether counselling or therapy is needed at the time of examination. Evidence is to be provided to the Board that any such counselling or therapy has been carried out and that any other recommendations which the psychologists may have made have also been carried out.
- (b) At the time of any application, evidence is to be given that the practitioner has disclosed to all employers at the time of the practitioner's employment, to any role where the practitioner is providing counselling and related professional services, of the fact of these proceedings and their outcome. It was a further aspect of this condition that the practitioner's current employer be informed of these matters as soon as possible.
- (c) The practitioner was to provide satisfactory evidence to the Psychologists Board at the time of any such application that the practitioner's personal circumstances are stable.
2. The practitioner was to pay a fine of \$5,000.00.
  3. The practitioner was to pay \$5,000.00 as to costs, 50% of which were costs with regard to the investigation made by the Health and Disability Commissioner and the prosecution of the charge by the Director of Proceedings; and 50% are as to the conduct of the hearing by the Tribunal.
  4. There was a final order suppressing the name and all identifying particulars of the patient.
  5. There was a final order of non publication in respect of the name and identifying features of the practitioner.
  6. Subject to the foregoing non publication orders, the Executive Officer was required to publish a summary of the Tribunal's decision in the "*Journal*" and/or "*ShrinkRAP*" bulletin of the New Zealand College of Clinical Psychologists and "*The Bulletin*" and/or "*Connections*" of the New Zealand Psychological Society, and the New Zealand Psychologists Board's *2008 Annual Report*.

A copy of the HPDT's decision has been posted on the HPDT website – [www.hpdt.org.nz](http://www.hpdt.org.nz).

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## National Education News

The Canterbury Branch will be presenting a free (to members) half day seminar on Friday Nov 9 from 1-4.30 at the Beaven Lecture Theatre.

The topic is Three Psychotherapies for anxiety: CBT, ACT and Meta-Cognitive. The presenters are Helen Calhoun, James Hegarty and Janet Carter.

