



ShrinkRAP

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

☆ NZCCP wishes you all a merry Christmas and a happy New Year! ☆

President's Report to the 18th AGM

Nigel Fairley

It is a great honour to be presenting the President's report at the NZCCP 18th AGM. When I reflect back on this year there have been a number of important developments which highlight that the College is in good heart with a strong and growing membership and financial basis. It is difficult to cover everything that has happened but there are number of significant changes and developments that I will refer to.

Firstly the College has appointed a Kaumatua. Oketopa Kuni Shepherd has taken on this important role. Kuni currently works full time as the Kaumatua for the CCDHB Te Korowai Whariki Services. Kuni's tribal affiliations are Te Whanau-a-Apanui and Ngati Kahu. Prior to his current employment, he worked as the Kaiwhakahaere in Parliament. Kuni's professional background is in social work with a particular role in Youth Justice. We were delighted to also have the Kaumatua of the College of Clinical Psychologists recently quoted in the media.

Secondly the College has established a new award and two new scholarships. These fit in with and complement the three existing awards in line with the College's commitment to value, recognise and encourage members' contribution to the profession. The new NZCCP Award for contribution to Clinical Psychology is for a current member of the College who is recognised by the National Executive as having made a significant contribution to clinical psychology in the last year. Their contribution may have been in one or more of a number of areas including research, education, public awareness, clinical applications, or the administration or development of clinical psychology. This recipient of award will be presented with a \$500 cheque at Conference each year. There are also two Student Scholarships - Te Karahipi Oranga Hinengaro and the President's Scholarship - offered annually to university students enrolled in a clinical training programme. Te Karahipi Oranga Hinengaro is only available to Maori students. Particular consideration in awarding each scholarship is given to supporting completion of Masters or Doctoral level clinical psychology qualifications. Each scholarship is for \$1500.

Thirdly, the revision of the members' handbook that incorporates the College rules has now been completed and emailed to all members and also posted on the website. Associated with this activity past minutes of all College meetings from the year 2000 onwards have been scrutinized and all policy decisions extracted. These will be presented in a single document.

The day to day business of the College continues to be run by the National Executive consisting of the President, the Honorary Secretary, the Treasurer, Te Maangai Maori (Cultural Representative), the BOMPS representative and the College Manager.

Although the College is now firmly established in its permanent Wellington office some of the executive live outside Wellington and the monthly executive meetings are held in the office and by

teleconference. This works extremely well. The growth of the College and its centralization giving it a significantly higher profile has meant that the College Manager's position has been increased to four days per week and will need to be further increased to full time early next year. The National Executive is supported by the Council which meets three times a year and represents the branches and various subcommittees.

The College is in good heart and I want to thank everyone who works for the College around the country. This involves people giving up their private time to work on behalf of all of us. I particularly want to thank the National Executive members for their commitment and hard work and acknowledge that we would not be able to function without Caroline in her role. Caroline is superbly organized, fields everything that comes into the office and disseminates this out to the executive officers.

Honorary Secretary's Report to the 18th AGM

Ann Connell

The College has continued to attend the three annual meetings with the Psychologists Board, the Psychological Society and latterly the Heads of Department from the nation's universities, in a group called the Psychology Profession Advisory Forum (PPAF). We have not yet had any success but continue to pursue Post Entry Clinical Training (PECT) funding and to contribute to the ongoing debate on the meaning and purpose of the scopes of practice.

NZCCP has also responded to the registration board requests for input and feedback on the Continued Competency Program and the proposed Counselling Scope.

Submissions have been made on behalf of the College on various matters including Child Cancer and Family Violence and we have taken a position on the Smacking Legislation and the media reporting of suicide. These are largely driven by individual members who have an interest and special knowledge in these areas. Thank you to the people who have taken the time to do this.

I have continued my involvement with the Allied Health Professional Associations Forum (AHPAF) and although there have been some misgivings about the links with Allied Health it is acknowledged that being under the AHPAF umbrella gives us the opportunity to be heard as a unified voice while still retaining the capacity to speak individually.

The Forum has met with the Ministry of Health, specifically the new Director General of Health, and has brought to his attention the problem that the Allied Health sector, which represents 25% of the National Health provision, has no formal way at this stage of contributing to high level planning and policy development, and has no designated position within the Ministry (yet). AHPAF has also been invited to attend the meetings of the DHBNZ Workforce Strategy Group and the MoH Workforce Taskforce.

NZCCP has made submissions on the "We Need to Talk" (Te Pou) and the Let's Get Real" (the MoH framework for Real Skills that implications for training) development documents.

"Let's Get Real" piloting is to start early in 2008 using the Creating Capable Teams Approach (CCTA). This is the approach developed in England to support mental health and addiction treatment services at a multidisciplinary team level in reviewing their skill mix and refining their learning and development needs in line with the implementation of New Ways of Working (NWW) and New Roles.

Lastly AHPAF is making a submission to the HPCAA review process jointly with a number of other health profession associations including NZ Medical Association, NZ Nurses Organisation, NZ College of Midwives and the Association of Salaried Medical Specialists as well as the Council of Trade Unions and the Public Service Association.

Draft Minutes of the NZCCP 18th Annual General Meeting

Saturday 24 November 2007, 4.50 – 6.30pm at the Rutherford Hotel, NELSON

The meeting opened at 4.50pm with a welcome and a karakia from the College Kaumatua, Kuni Shepherd.

Present Nigel Fairley, Ann Connell, Kuni Shepherd, Malcolm Stewart, Deb Moore, Ian de Terte, Prue Fanselow-Brown, John Bushnell, Haidee Westwater, Kris Garstang, Michael Williams, Julia Rucklidge, Janet Carter, Fran Vertue, Eileen Britt, John Dugdale, Chris Skellett, Ron Chambers, Paul Neilson, Mike Carter, John Watson, Karen Nimmo, Annemette Sorensen, Tracey Barnfield, Fiona Mathieson, Heather Elmes, Jo Nightingale, Emily Street, Irena Tojcic, Kate Scott, Laura Buckley, Charlotte West, Emily Peterson, Lynne Blake, Peter Hodgson, Sue Galvin, Sue Murray, Joyce Alberts, Ann Huggett, Nik Kazantzis, Mary Miller, Kay Allen, Angelique O'Connell, Selwyn Mason, Miriam Swanson, Frances Hamilton, Eric Lundin, Glenda Mellor, Andrew Barron, Olina Carter, David Carter, Roger Shave, Gillian Hawke, David Mellor, Stefany Frost, Lisa Markwick, Karen Ramsay, Lynley Wicks, Sue Jury, Liz Almond, Krshna Ilanko, Maureen Trainor, Oliver Davidson, Sandra Fowler, Stephen Humm, Marijke Batenburg and Caroline Greig (minutes)

Apologies Bernadette Berry, Geoff Shirley, Zoe Quick, Juliet Thomson, Melanie Woodfield, Richard Wheeler, John Fitzgerald, Melodie Barr, Janet Leathem, Mary Barnao (Bishop), Lisa Maughan, Paul Merrick, Rowena Palmer, Virginia Eggleston, Gordon Sinclair, Rose Silvester, Louise Smith, Graham Geddes, Wendy Pearse, Nicola Brown, Jim Hegarty, Marianne Quinn, Karolle Gjaltema, Kathy Orr, Jenny Wilson, Virginia McIntosh, Peter Bowker, Jane Lennan, Helen Holmberg, Julian Reeves, Poppy Dearborn, Elliot Bell, Geoffrey Samuels, Clive Banks, Kay Farrar, James Smithells, Tara Clark, John Williams

Minutes of the previous AGM (8 September 2006)

Moved: Ann Connell; seconded: Deb Moore

The minutes were accepted unanimously as a true and accurate record of the 17th AGM.

- Matters arising - none

Presentation of Annual Reports by Office Holders

The reports were tabled as follows and will also be published in the December ShrinkRAP.

- President (Nigel Fairley)
- Honorary Secretary (Ann Connell)
- Treasurer (Malcolm Stewart)
- Board of Membership and Professional Standards (Deb Moore)

Moved: David Mellor; seconded: Charlotte West; accepted and carried.

NZCCP Branch reports

The reports were tabled and will be emailed out to the membership with the draft minutes and published in the ShrinkRAP.

It was noted that the Waikato and Palmerston North branches are not active. Wellington branch is to follow this up with Palmerston North and Auckland with Waikato.

The election of Officers and Council members

Nominations were received as follows:

President	Nigel Fairley	Wellington
Honorary Secretary	Ann Connell	Wellington
Finances	Malcolm Stewart	Auckland
Cultural	Clive Banks	Wellington

BOMPS	Deb Moore	Nelson
ACC Liaison	Tracey Barnfield	Wellington
Education	Nikolaos Kazantzis	Auckland
Ethics	Malcolm Stewart	Auckland
MOPS	Fran Vertue	Canterbury
Publications	Janet Carter	Canterbury
University Liaison	Eileen Britt	Canterbury
Website	David Mellor	Otago/Southland
Accreditation	David Mellor /Mike Parkes	Otago/Southland

That the nominations be accepted was moved by Ian de Terte and seconded by Marijke Batenberg; all were accepted unanimously.

The John Dugdale Award:

for the best Student Presentation at Conference 2007, was presented to Joyce Alberts by Lynley Wicks and Fiona Mathieson

The Olina Carter Award:

for the best Student Poster at Conference 2007, was presented to Laura Buckley by Lynley Wicks and Fiona Mathieson

NZCCP Fellowship Awards presented by Ann Connell

- Clive Banks** (Wellington)
- Peter Bowker** (Hawkes Bay)
- Eileen Britt** (Canterbury)
- Jim Hegarty** (Dunedin)
- Jane Lennan** (Hawkes Bay)
- Jo Nightingale** (Wellington)
- Malcolm Stewart** (Auckland)
- Fran Vertue** (Canterbury)
- Lynley Wicks** (Wellington)

All presented by Ann Connell.

- David Carter** (Auckland)
Presented by Marijke Batenburg
- Helen Holmberg** (Auckland)
Presented by John Dugdale

NZCCP Life Award

Kay Farrar

Presented by Ann Connell

NZCCP Award

This was presented to **David Mellor** by Nigel Fairley.

John Alexander Bushnell Award :

This was presented to **John Dugdale** by John Bushnell and Nigel Fairley

(The John Alexander Bushnell Award is for leadership in Clinical Psychology including evidence of a sustained and exceptional contribution to the clinical psychology profession)

Remits

That full or part funding is provided for a College member (annually or bi-annually) of up to \$6000 to undertake study of an area of interest/clinical specialty (that could include research) that is of relevance to clinical psychology be explored.

It was proposed that the National Executive be authorised to explore and initiate the NZCCP study grant for a College member (annually or bi-annually) of up to \$6000 to undertake study of an area of interest/clinical specialty (that could include research) that is of relevance to clinical psychology. The proposal was carried unanimously.

Any other business

1. A suggestion was made that the proposed study grant be named after the late Ralph Unger as an acknowledgement of his being the founder of clinical psychology in New Zealand.
2. The Wellington branch acknowledged and thanked the College manager, Caroline, for her contribution toward the Conference.
3. John Dugdale thanked the National Executive for their hard work toward the centralization process and for working well as a team
4. John Dugdale also thanked the Conference organising committee for a very well planned and successful Conference.
5. The date of the next AGM was discussed as the next NZCCP Conference will be in February 2009. It was proposed and carried that NZCCP Council discuss this further and be authorised to determine a date for the 19th AGM.

The 18th Annual General Meeting closed at 6.35pm.

Treasurer's Report to the 18th AGM

Malcolm Stewart

(This report should be read in conjunction with the annual accounts of the NZCCP, which were available at the AGM and are available by request from the National Office.)

Membership

The following table shows the change in membership over the last year. Overall the College has shown a growth rate of 9% in the 2006/7 financial year, with much of this growth being of Full members and "Other" members (which includes categories such as members who are on maternity leave or who are overseas). The number of Student members has grown slowly, but this needs to be considered in the context that a high proportion of eligible students in the country (estimated at more than 80%) are already student members of the College.

The number of Associate members has remained static in the last year. It is estimated that less than 40% of Student members go on to become Associate members of the College. The College may wish to consider initiatives to encourage more Student members to continue their membership following completion of their training.

The following table also shows the proportion of members in each membership category who hold insurance with MPS. A sizeable majority of Full members do hold insurance with MPS. Student Members can receive free MPS indemnity insurance in their clinical years. Only about a quarter of students have taken this up. This may reflect this insurance not being relevant for people prior to starting clinical work, but may also reflect a lack of knowledge about being able to obtain free insurance.

Membership Figures 2006-2007 Financial Year

	Student	Associate	Full	Other	Total
End of 2006/7 Financial Year	212	42	349	57	660
Beginning of 2006/7 Financial Year	207	42	320	33	602
Growth in 2006/7 Financial Year	2%	0%	9%	72%	9%
% Insured by MPS 2005/7 year	28%	43%	75%	N/A	50%

Current Financial Position

The College has continued to maintain a strong financial position over the last year, with an approximately \$34,000 increase in our asset base during the 2006/7 financial year, despite not having increased our membership fees for the last two or three years. Our operating costs have remained stable compared to the previous year, indicating that the Wellington office is now well established and does, as reported last year, provide a sustainable base of operations for the College.

Our revenue for the year has risen slightly (4%) compared to the previous year, primarily due to increased membership. The quite large increase in the revenue line for MPS collection fees is due to a change in accounting practices (it was previously partly combined with NZCCP membership fees). The MPS collection fee per member that was payable to the College was actually reduced from \$76 in 2005/6 to \$54 in 2006/7 to help to offset the increase in the MPS fee to members for the 2006/7 year. As the 2006 Conference was smaller than usual, it made a smaller than typical profit, so its contribution to the national revenue was smaller than in the previous year.

Our current asset base stands at approximately twice our annual operating expenses, which is often seen as a safe margin for such an organisation.

Financial Projections

Overall, the underlying financial situation for the NZCCP in the next year should remain similar to that seen in the last year. However, a number of new initiatives will increase the NZCCP's expenditure somewhat. These include:

- Provision of electronic payment of membership and registrations through the web site does incur a substantial expense for the College which hopefully will be justifiable by increased convenience for members.
- Several new scholarships and awards have also been established, which add to expenditure but which clearly extend the work of the College.
- A process has also been established where branches of the NZCCP can request an annual grant to fund one or more branch activities for the benefit of their local members, as long as these activities can benefit the broad range of local members and are in line with the aims of the College.

The exact impact of these and other initiatives on the finances of the NZCCP remains to be seen, but analysis indicates that they are affordable. As an organisation we are certainly in a financial position where new initiatives to support the members and to further the aims of the College can be prudently supported and advanced.

Membership Fees for the 2007/8 Year

Given the strong financial position of the NZCCP, the decision was again made to maintain the NZCCP Membership fee for the 2007/8 financial year at the same level as the last few years. Those who hold MPS indemnity insurance experienced another rise in the cost of this insurance, but these fees are set independent of the NZCCP.

Changes in Accounting Practices

This year there have been a number of changes to our accounting practices, partly due to our developing expertise following input from our Accountant, and partly due to meeting the requirements of the New Zealand International Financial Reporting Standards. It is our opinion that these changes and transitioning to the NZIFRS standards have not substantively impacted on our financial statements and, except as detailed above regarding the treatment of MPS agency fees, do not impact on the comparability of these financial statements with those of previous years.

Board of Membership and Professional Standards Report to 18th AGM

Deb Moore

The BOMPS committee has met every 4 -6 weeks to consider applications for Associate and Full Membership.

The College rules define that membership of NZCCP requires a post-graduate qualification in clinical psychology from a recognised tertiary institution in NZ, or an equivalent overseas qualification in Clinical Psychology. On occasion we have declined applications for membership that do not meet these criteria.

Applications require evidence of that qualification and two references and progression from Associate to Full Membership requires a supervision report covering a 12 month period within the last 3 years. We have noticed that quite a few applications struggle with the number of months it takes to make 12!

We are also aware that at times there are individual circumstances that are not straightforward, and we endeavour to find a solution within the definitions of the College rules.

Over the past year we have been pleased to approve 22 new Full Members and 29 new Associate Members. On behalf of BOMPS I wish to extend a warm welcome to all the new members.

Wellington Branch Report 2007

Jo Nightingale

Policy and goals

Wellington Branch goals have continued to reflect the overall aims of the College, namely -- to raise public awareness of the role of clinical psychologists, to provide continuing education for our members, and to represent the views and needs of clinical psychology to legislative and policy bodies. This report summarises our activity in these areas in the 15 months from the last AGM.

Raising public awareness

In 2006, we decided to devote some energy to raising awareness of the existence, and various roles, of clinical psychology through the media. Not surprisingly, this has been something of a challenge, and our efforts have resulted in next to no actual coverage. Apart from the considerable problem of time constraints (finding the time plus producing something in a timely manner), we also encountered reluctance to 'put our heads above the parapet' by making public statements, as well as debate as to what issues are appropriate and helpful for us to comment on.

Continuing education

We also provided a number of training and professional development opportunities over the past year. In the past year, we have changed the format of these events, in response to the seemingly exponential growth in training opportunities from a range of agencies in recent times. Therefore, we ran only one daytime event, and instead presented the following short evening lectures at no or minimal cost to members:

1. *Principles of non-pharmacological treatment of circadian sleep disorders*, by Professor Philippa Gander, 8 November, 2006.
2. *An update on psychopharmacology and on 'cotton wool brain'*, by Professor Pete Ellis, 28 February, 2007
3. *Working with emotions and feelings in counseling and therapy: A systemic approach*, by Glenda Fredman, 4 April 2007.

4. *Strengthening the inner life of the therapist*, by Robert Wicks, 18 May 2007. This was a joint venture between Wellington Branch and Cavana Dyne and Associates, and we are very grateful to Jane Dyne and Carolyn Cavana for proposing and facilitating this event, and for their financial and logistical support.

A half-day workshop on *Death Talk: Working with people in illness and dying*, by Glenda Fredman on 4 April 2007, was also well attended and well received.

As part of our ongoing efforts to increase involvement with the news media, our AGM in August was preceded by a presentation on *Talking to the media: How to raise the profile of clinical psychology without embarrassing yourself*, by Karen Nimmo and Kevin Norquay, which generated some interesting discussion, but has yet to translate into action.

And of course, our Christmas function on 7 December 2006 provided a highly enjoyable workshop on wine-tasting!

Conference 2007

Since early 2006, we have put considerable time and energy into planning and organising the 2007 Conference and pre-Conference workshop in conjunction with Nelson Branch. Because Wellington has such a large committee, we decided that a smaller sub-committee would take responsibility for conference tasks, while other committee members looked after 'business as usual'. This division worked very well.

Wellington Branch was responsible for the academic programme, including inviting and liaising with presenters, and processing submissions. We also struck the initial budget, produced the Flyer, Call for Papers, Brochure, Registration Form, and Conference Booklet, and organised publicity as widely as possible within and outside of clinical psychology. Our very grateful thanks to Caroline Greig and David Mellor for their fantastic work on getting information on the NZCCP website, and for Caroline's help in countless ways.

Submissions

Our committee has been taking a more active role in making submissions on topics relevant to clinical psychology. In September 2006, Amanda Baird submitted a paper on the *Corrections (Mother and Baby) Amendment Bill* on behalf of Wellington Branch. Lynley Wicks made a submission to the Ministry of Health on behalf of NZCCP on the *Draft evidence-based guidelines for autism spectrum disorder impact analysis evaluation*. In October 2007, both written and oral submissions were made by Sarah Lilley, Joanna Browne and Amanda Baird on the *Inquiry into the care and rehabilitation of youth sex offenders* on behalf of Wellington Branch. Grateful thanks to Amanda, Lynley, Sarah and Jo for their hard work on these submissions.

Student support

We have good liaison with both Massey and Victoria training programmes through our student reps on the committee. Part of our support to Wellington students this year was to reimburse up to \$75 per student for accommodation costs, granted on application, to subsidise their attendance at the Nelson conference. Four students took advantage of this offer.

Committee matters

Finally and most importantly, I'd like to thank our hard-working and dedicated Committee members for their continued energy and enthusiasm over the past busy 15 months. Grateful thanks to: Amanda Baird (Treasurer), Tracey Barnfield, Gill Hawke, Fiona Mathieson, Emily Street, Kirsty Whitehead (Secretary), Lynley Wicks, and our two Student Reps, Merima Isakovic (Massey) and Annabel Ramsay (Vic). Thanks also to those members who resigned from the committee this past year: Kieran Hobbs, and Student Reps Kirsten Keown and Muriel Christianson

Nelson Branch Report 2007

Kris Garstang

The Nelson Branch has been meeting regularly throughout the year with its major focus the hosting of the annual conference here this month. We have looked forward to sharing our lovely city with our colleagues from around the country and hope that those in attendance have had the chance to enjoy our location. The branch continues to represent the main forum for networking between clinical psychologists in Nelson and is a valuable asset for the many new psychologists who have arrived in Nelson over the past year.

The branch continues in its role as the Board of Membership and Professional Standards. A small but dedicated group meet monthly to make decisions on membership applications. We thank Deb Moore, Jane Alexander and Sue Petrie for their hard work in this area.

Our branch has increased by 50% in size over the past 2 years with total membership growing from 14 in 2005 to 21 currently. This growth presents us with many exciting opportunities in terms of energy and numbers to host further events relating to professional development. We welcome new members including Diana Andrew, Mike Carter, Nancy Stuart, Lisa Maughan, Elena Moran and Jo Hewitson (full), and welcome back Roxie Orr from her time in London. We farewelled Rachel Irwin to Wellington. We also look forward to Dhara Stuart and Claire Dowson joining the branch soon.

Canterbury Branch Report 2007

Eileen Britt

Canterbury Branch Committee

Kumari Fernando has kindly agreed to join the Canterbury Branch Committee (joining the education portfolio), as both Ann Huggett and Niranjula Kumarapaapillai have been on parental leave, although we look forward to them both joining us again soon. We also have a new student representative, Petra Hoggarth, joining the committee as Juliet Rosewall is starting her internship next year. Juliet has been an active member of the committee for the last three years - we appreciate her contribution to the Canterbury Branch, and wish her well for next year. The rest of the committee are: Eileen Britt (Chairperson); Prue Fanselow-Brown (Hon Secretary); Sandra Fowler (Treasurer); Corina Grennell (Education convenor); and Janet Carter (University Liaison).

Education sessions and workshops 2007

This year the Canterbury Branch Committee organised the following (free to members) education sessions:

Relaxation by Rosemary Mannering (Physiotherapist),

Working with Maori by Dr Paul Robertson (Clinical Psychologist, MIHI), and

Comparison of Cognitive Therapies for Anxiety by Dr Helen Calhoun (Clinical Psychologist, Anxiety Disorders Unit) who presented CBT, Dr Janet Carter (University of Canterbury) who presented Meta-Cognitive Therapy, and Dr Jim Hegarty (Clinical Psychologist) who presented Acceptance and Commitment Therapy.

The education sessions have continued to be held on Friday afternoons during university term breaks, which enables clinical students and staff to attend, and have been well attended by members, students, and non-members. The Branch Committee is currently seeking feedback, by way of a survey (thank you to Malcolm Stewart for giving us access to the Auckland survey which we have modified), as to whether these sessions are meeting membership needs, and any topics members would like covered, or if there are other events the membership would like us to consider organising.

We wish to thank the National Council for the \$500 grant which has assisted with the costs of these education sessions. In order to be able to continue to provide these sessions, however, the Branch Committee also needs to run larger (hopefully profit-making) workshops which are at a reduced cost to members. Hence, the Branch Committee also organised a one day 'See you in Court' workshop which was held in May. This was presented by Ian de Terte and Nigel Fairley. We wish thank both Ian and Nigel for their generosity with their time and resources, which contributed to the success of this workshop.

Education sessions and workshops 2008

The dates have been set (i.e., 13 June, 5 September, and 28 November) for three education sessions to be run by the Branch Committee in 2008. While the topics and presenters have not been confirmed, possible topics are an update on psychopharmacology, working with the elderly, an update on the assessment and treatment of alcohol and drug problems, or eating disorders. We are also investigating alternative (lower cost) venues for these education sessions, but are, in part, limited by our own success, in that the numbers attending limit the options available to us.

The Canterbury Branch Committee has organised the following workshop for 2008:

Adult ADHD: assessment, diagnosis, and treatment

A one-day workshop by Dr Julia Rucklidge (Clinical Psychologist and Senior Lecturer, Department of Psychology, University of Canterbury) to be held 11 April 2008, 9.00am-4.30pm at Rydges, Christchurch.

NZCCP Conference in Christchurch in 2010

Yes, you read this right! – the Canterbury Branch Committee, with the assistance of Fran Vertue, who has kindly offered to steer this project, has commenced planning for the 2010 NZCCP conference to be held in Christchurch.

Mentoring of PG Diploma in Clinical Psychology Students

During 2007 the Canterbury Branch Committee and the staff of the University of Canterbury Clinical Psychology Programme worked together to explore the possibility of Clinical Psychologists in the community being mentors² to current clinical students on the University of Canterbury programme. The feedback received from members indicated that there was support for the idea of mentoring, in which students would have someone who was independent from the clinical programme with whom they could discuss issues related to their development as a Clinical Psychologist. The next stage is for the Canterbury Clinical programme to establish a working party with interested Clinical Psychologists in the community to discuss how this might work in practice and to develop clear protocols in terms of roles, responsibilities, and communication.

² "Mentor relationships are personal relationships in which a more experienced (usually older) individual acts as a guide, role model, teacher, and sponsor of a less experienced (usually younger) protege. A mentor provides the protege with knowledge, advice, challenge, counsel, and support in the protege's pursuit of becoming a full member of a particular profession (Clark et al., 2000). Mentoring has generally been shown to have positive effects on protege performance and overall success in organizational and educational settings. Benefits to protege's include more rapid career advancement, higher rates of compensation, greater career opportunity, and enhanced professional identity (Fagenson, 1989; Fagenson-Eland, Marks, & Amendola, 1997; Kram, 1988; Wilde & Schau, 1991). These benefits can be so valuable, some have suggested, that identification with a mentor should be considered a major early career developmental task (Levinson, Darrow, Klein, Levinson, & McKee, 1978; Russell & Adams, 1997).

Mentors, too, are likely to benefit from mentor relationships. Mentors often describe reaping extrinsic rewards such as accelerated research productivity and enhanced professional recognition due to the achievements of proteges (Newby & Heide, 1992; Wright & Wright, 1987). In some instances, organizations may explicitly reward senior professionals who demonstrate proficiency in mentoring or talent development. Intrinsic mentor benefits may include a sense of generativity, greater career satisfaction, and creative synergy stemming from collaboration with proteges (Atkinson, Casas, & Neville, 1994; Busch, 1985; Levinson et al., 1978)." - excerpt from Johnson, Koch, Fallow & Huwe (2000, p.325).

Otago-Southland Branch Report 2007

Bernadette Berry

At the AGM last year Holly Fentiman (now Hammond), Paula Watkins, Mikala Graham, Paula Cannan, David Mellor, Melissa Ryan and myself agreed to continue as committee members. The position of treasurer was left unfilled as no-one at the AGM was willing to take on this role. Holly, Mikala, Paula Cannan and Melissa were all student reps so following the AGM when Paula Watkins resigned this left the branch committee with only two actual members. This concerned us as the branch possesses a considerable amount of money and we didn't see it appropriate for two members to be making decisions concerning this money.

I begged and pleaded with Mike Parkes to be the treasurer (he agreed) and soon after this Bronwyn Clarke joined us. Once Holly and Paula passed their final exams we were in a better position with respect to voting members. As the year progressed Duncan Edwards joined us as the 4th year rep and Jim Hegarty came on board earlier this year.

The first business we conducted as a committee was to look into the financial situation of the branch and details of this will be provided by Mike.

Over recent years the AGM has directed the committee to use branch funds to provide social events as well as educational ones while continuing to keep the student membership as a high priority.

We had a lot of difficulty deciding on what to do for a xmas function as we had had poor attendances in recent years for dinners even when they were free for members. We eventually decided that drinks and nibbles after work would allow the maximum number of people to attend but it wasn't any more successful in drawing people out than the dinner/quiz the previous year.

The next social event we arranged was a free event where we were to provide free drinks and dessert and we arranged a number of speakers from community organizations to give short talks about the functions of their organization and the best way we could access these groups for our clientele. Due to the lack of interest from members we had to cancel this so that the speakers did not attend to speak to an empty room.

In terms of education this year, we carried out the specific request of one of our members and arranged a two-day workshop on Cognitive Analytic Therapy. This was to be our first venture into trying to conduct a jointly organized education event with the local Psych Society. Disappointingly, few of our members attended and most of the work was carried out by the NZCCP but the event did make a small profit and was considered to be successful by those who attended.

The other major educational event we have undertaken was running the two-day ACT workshop both here in Dunedin and in Wellington. This event was initiated by Jim Hegarty and the local committee offered to do it with him as an NZCCP event. The workshops needed to run in both venues to be economically viable and we offered the Wellington event to the branch in Wellington. They did not wish to take this on at that time and so we decided to continue to run it from Dunedin. The cost of the workshops was kept at a minimum and it appears to have been successful both in popularity and I think financially.

The final event organized by this committee, apart from this AGM, is the 'mindfulness' workshop running next Monday. In line with the aims of the local branch this event is free to all members and the cost of catering is being covered by any non-member attendances.

In relation to the students we have continued the welcoming of new students to the clinical programme and telling them about the College and signing up new members at this time. During the year we have continued to provide the education forums whenever possible but this year we have

had trouble getting members to agree to present to the students and so we have been unable to provide as many as we had hoped. We allowed the students to attend the CAT workshop free and subsidized their registrations for the ACT workshop.

Following the recommendation of last year's AGM, we offered \$700 each to fund our student committee members at the time to attend the conference in Auckland. Only Charlene Rapsey was able to take us up on this offer.

For some years now the local branch has given a book deposit and a special card to students following their final clinical exam. We found this difficult for two reasons – it took a wee while to find out who had passed and who hadn't and often by the time we knew, some students had left town and we had trouble finding out where to send their cards. The second problem was created by deciding what to say to those who had not passed. So last year we decided to give a 'best wishes' card to the students just prior to their exam and we increased the amount of the book token. We have decided to use the same system this year and have increased the amount of the book token again to keep it commensurate with inflation.

During my time as chair I have noticed a waning interest in branch activities. I am unsure what the cause of this is and it may simply be that we have not been arranging activities of interest to the current membership. It would be valuable for the incoming committee if a short discussion could be held following this report to attempt to answer this question and provide direction for future events.

ACC Portfolio Report 2007

Tracey Barnfield

There have been no further meetings of the Psychology-ACC Working Group Meeting since the last written report February 2007. The group has been disbanded and replaced with two alternative sector liaison groups; the Social Rehabilitation Sector Liaison group and a Mental Health Sector Liaison group. Janet Leathem is representing NZCCP on the Social Rehabilitation group and I am the representative at the Mental Health group. The Social Rehabilitation group has met on two occasions.

Janet Leathem was only able to attend the second meeting and she provided the following information. Another meeting of the Social Rehabilitation Sector Liaison Group is to be held before Christmas. Approximately 15 people are in the group each representing a professional group, e.g., OT, Physio, Nursing, Social Work, and of course psychology - clinical and educational psychology, as well as some major rehabilitation providers. The first meeting apparently mostly looked at the links within TBI rehabilitation and beyond. The second meeting spent a short while reviewing that material, before being addressed by ACC senior staff members - one on the changes that are occurring with ACC's rehabilitation provision (ACC staff working just on the TBI portfolio) and the rationale for it (unsustainable projected future costs & consumer dissatisfaction with generic case management) - the second on how ACC's payment to provider systems work (apparently turnaround between invoice received/paid now much improved). While initially it felt that the group was too large, by the end of the second meeting it felt as though valuable cross professional links were being made.

The Mental Health group has not met yet as ACC is still confirming membership of the other professional groups. The first meeting is provisionally scheduled for February 2008.

Barry Kirker, the ACC Psychology Advisor has resigned and moved to a new job in Sydney. His position remains vacant but it is hoped that a new ACC national psychology/ mental health advisor role may be created in the New Year. Barry said he hopes the new role will have more capacity to bring about change, and will have the opportunity to make a recognisable contribution to both the NZ psychology profession and ACC's utilisation of psychological knowledge and approaches to client assessment and treatment.

2007 Conference Update

Jo Nightingale, Chair, Wellington Branch

Here's looking forward to the next one in Dunedin in February 2009!

Therapy Uncorked - Another vintage conference

The weather was glorious, nothing went wrong, the turn-out was fantastic, and feedback is that this year's conference and pre-conference workshop were great successes. The only consistent complaint was that there was too much to choose from in a packed and varied conference programme.

With attendance running at 190 for the workshop and 155 for the conference, people really enjoyed catching up with former colleagues and friends.

Many of the presenters have had their presentations posted on the NZCCP website, so check it out to see if there's any that you'd like to download. Paul Salkovskis has given us a large amount of extra material which was not in his original handouts. Thanks to the Wellington and Nelson conference organising committees, who put hours and hours of work and energy into this year's conference. In Wellington, thanks to Amanda Baird, Tracey Barnfield, Fiona Mathieson, Jo Nightingale, and Emily Street. (The remainder of the committee left us free to do this by looking after 'business as usual' - so grateful thanks to Gillian Hawke, Kirsty Whitehead, Lynley Wicks, Merima Isakovic and Annabel Ramsay.) In Nelson many thanks to Jane Alexander, Poppy Dearborn, Kris Garstang, Jo Hewitson, Deb Moore, Sue Petrie, Thomas Robinson, Geoff Samuels, MaryAnn Stevens, Mike Carter and Lea Galvin

Please insert photo of Paul Salkovskis here:

Keynote Paul Salkovskis was appropriately "wowed" by the Marlborough Sounds as experienced from the Interislander ferry on yet another glorious day in paradise.

Publication Report 2007

Janet Carter

Overall, the publications portfolio has progressed relatively smoothly. Obtaining agreement to write an article for the Journal from our members remains a constant challenge, as does receiving promised articles by the copy date. Only a very small proportion of articles come to us without being first requested (and sometimes badgered) by a member of the publications committee. The committee has been trying to amass articles so that we are always one Journal publication ahead. Thus far we have only partly managed this but this still remains our intention.

Nicola Brown, who did a fantastic job as book review coordinator for a number of years, resigned at the end of 2006. We have been very fortunate to have Prue Fanselow-Brown and Emily Street on board as the new book review coordinators in 2007.

The "My brilliant career" section of the journal continues to be an important and interesting addition to the Journal. The editorial committee would like to receive suggestion from our members as who they think should be approached for this section; typically a member who has "been around a while".

I would like to say a very big thank you to Caroline Greig, Jenny Jordan, Gini McIntosh, Sue Galvin and Kumari Fernando for all their hard work on the College publications. It is a pleasure working with them all. Jenny resigned during the year and so a special thanks to her. We are also pleased to have Jayde Walker from Dunedin joining us on the editorial committee.

National Education News

Nikolaos Kazantzis

The National Educational Coordinating Committee has continued to discuss training opportunities between branches with the goal of facilitating training in all regions. The training presented by local psychologists (Ian de Terte and Nigel Fairley) and overseas psychologists (Christine Padesky and Kathleen Mooney) are examples of workshops presented in multiple regions/ branches. However, the majority of training opportunities continue to be delivered in specific regions.

A 2008 workshop has been arranged by the Canterbury branch for April (Julia Rucklidge - ADHD). Please note that due to serious illness in the family Professor Mark Williams has cancelled his workshop "Mindfulness and Depression" scheduled for February in Christchurch.

In addition, the committee has recently received expressions of interest for NZ workshops from two overseas colleagues (David Clark from the University of New Brunswick, and Christopher Martell from the University of Washington) due to visit Australia in 2008. These expressions of interest will be discussed by NECC. The committee will continue to liaise with Head Office and Webmaster to ensure members have the most up-to-date information on training events.

Student Representative Report 2007

Margaret Sandham

Progress is being made towards the goal of increasing communication between clinical students at different universities, albeit slowly. Students have been slow to utilise the forum, despite email communication to student members alerting them to this facility. To date I have posted two case studies, and provided formulations based on these for discussion, however have not received any additional posts. Email correspondence with student members has been encouraging, students are expressing a desire to make links with each-other, however this interest is not being expressed through the forum.

I met with several of the students who attended the conference and/or workshop in Nelson. They offered positive feedback about the workshop, and thought it was of an excellent standard. Some of the students who didn't attend conference offered feedback that they would have gone if it was possible to attend for one day only, as a means to reducing the costs. The students were glad to have a get-together and meet their colleagues from other universities, and compare notes. We found that there were quite a few differences in the ways each university runs their clinical programmes. The students all expressed a desire to have a student get-together at the next conference also, but perhaps before the workshop so that they have an opportunity to identify other students and be able to socialise with each-other during workshop breaks.

Students have expressed a particular interest in contacting other students who are working on similar research topics for their PhD/Doctorates, to share resources and discuss ideas. I am hoping that I can provide a list of students who are willing to be contacted in relation to their research, along with a brief statement on their research area and other areas of interest (such as their methodology, interest in bicultural practice, child and family etc), to be posted on the website. Initially I floated the idea of having a student's page on the NZCCP website, however the forum seemed to be a good way of meeting this need. As the uptake of the forum is poor, I would like to set up a section on the website for students which can have the list of students available for contacting about their research. Also on the student site could be links to other websites which could be useful, and other relevant things for students.

University Liaison Report 2007

Eileen Britt

The relationship between the College and Clinical Psychology programmes is currently facilitated by the distribution of NZCCP publications to programme Directors, and the recent introduction of scholarships for clinical students.

Clinical Directors have indicated that clinical programme staff and students might be more likely to attend the NZCCP National Conference if it was held in February rather than Aug-Nov, which typically is a very busy time in terms of assessment within clinical programmes. With plans to hold the next two conferences (2009 in Dunedin, 2010 in Christchurch) in February, it is hoped that this will result in an increase in attendance by clinical programme staff and students.

In some regions, College members present on NZCCP and distribute student membership packs to students accepted into their local clinical programme annually. Some Branches also hold functions acknowledging graduands' success and welcoming them to the profession at which full membership packs are distributed.

To further enhance the relationship between the College and the Clinical programmes it is recommended that each branch with a clinical programme in their area, establish a university liaison portfolio. The incumbent would be responsible for liaising with the programme(s) in their area, which would include organising:

1. an introduction to the NZCCP and distribution of student membership packs to the intake of clinical programme on an annual basis
2. a function for graduands at which full membership packs are distributed and/or
3. the names of graduands to be sent to National Office so membership lists can be updated accordingly.

Prescription Privileges For Psychologists: Where Does New Zealand Stand?

John Fitzgerald, PhD & Karma Galyer, PhD
The Psychology Centre, Hamilton

(This article is based on a similar article which is to appear simultaneously in the *Bulletin* of the NZ Psychological Society.)

The debate on prescribing rights for psychologists looks set to continue. The US states of Louisiana (2002) and New Mexico (2004) have introduced prescribing specifically for their clinical psychologists; many other US states also have the extension of prescribing rights under consideration. In New Zealand the Ministry of Health (MoH) has recently been inviting consultation around the development of a third class of prescribing practitioner, the 'collaborative prescriber' (MoH, 2006). They are exploring the idea that a "non-prescribing health practitioner, after authorization from their registration authority, may prescribe under the supervision of an authorized prescriber". Dentists, midwives, some nurse-practitioners and some optometrists are already able to prescribe as part of their work. At present there is no thought of including clinical psychologists, however, given the international trends, it is timely to consider opinions on this issue. The consultation document encourages practitioners to discuss the following questions; is there a need? What model of collaborative prescribing could work? What skills are required? In the following we have highlighted some issues from the international debate, and some aspects of the New Zealand mental health context that could be considered. This is not presented as an exhaustive analysis, just a 'starter'.

Is there a need for collaborative prescribing rights in New Zealand?

Introducing collaborative prescribers has the potential to improve care for the increasing number of patients with chronic illness in New Zealand (e.g., diabetes and cardiac problems). Patient benefits include timely access to medication and better continuity of care. Practitioner benefits include having both legal and practical support systems for managing medication. Although physical health is the focus of the Ministry's discussion paper (MoH, 2006), it is worth considering whether the same needs and potential benefits of collaborative prescribing are applicable to the field of mental health. Extending prescribing rights to clinical psychologists was initially raised in the context of a large unmet need for mental health services in the US and UK (Lavoie & Barone, 2006). Our recent New Zealand Mental Health Survey, *Te Rau Hinengaro*, indicates that we are also facing the same challenge (Oakely Browne & Wells, 2006) with an increasing population and limited health resources. Of the 20.7% of survey participants who had met criteria for a DSM-IV disorder in the prior year, the majority did not access a mental health professional. Instead GPs were the professionals most commonly involved with people experiencing mental health concerns, which is consistent with other New Zealand studies (MaGPie, 2003). There are new mental health initiatives to provide psychotherapy and counselling options in primary care (e.g., Garret et al., 2007), but GPs remain the first point of contact.

Supporters of extending prescribing rights to psychologists question the appropriateness of a GPs role (Lavoie & Barone, 2006). GP prescribing is mostly undertaken without the assessment and recommendation of a mental health professional, which is thought to lead to less than optimal care (Norfleet, 2002). New Zealand GPs have reported significant barriers in providing quality mental health services (e.g., limited patient contact time allowed, limited training in assessment and intervention techniques and limited confidence - MaGPie, 2005). Despite this Pharmac, New Zealand's pharmaceutical management agency, noted a marked increase in prescriptions for mental health concerns (Pharmac, 2006). In 2006 approximately 600,000 prescriptions were written for anti-depressants, costing approximately \$29 million. A review of New Zealand prescribing found that the nervous system therapeutic group of medication (e.g., analgesic, SSRI) were the most commonly

prescribed medications by GPs for 20 to 44 year old patients, and the second most commonly prescribed for 45 to 65 year old patients (Hall & Martin, 2003a, 2003b). Antidepressant medication was the most frequent prescription in this group.

Our Australian colleagues in the Australian Psychological Society (APS) have recently responded to the shortage of psychiatric specialists and the difficulties that some have in accessing adequate medically-focussed mental health care by establishing a Prescriptive Rights Working Party (PRWP). In conjunction with the PRWP the Professional Issues committee of the APS has now conducted two surveys of its members canvassing their views on the desirability (or otherwise) of pursuing prescribing privileges for psychologists, and the education/training implications of this. We await the publication of their results with interest.

The US has conducted several psychologist surveys already. Fagan et al. (2007) found that the reasons US psychologists give for wanting prescribing rights has changed over time. In their 2004 survey psychologists saw prescribing as meeting a need, providing a better service, and as essential to the economic survival of the profession. In 2007 economic factors were not raised, and instead the respondents emphasized enhanced clinical skills, better teamwork with other healthcare providers, and an improved understanding of mind-body interactions. Fagan et al. attributed this shift in emphasis to clinicians having more of a bio-psycho-social perspective on mental health.

In what way could collaborative prescribing work?

There were 530 qualified psychiatrists and 120 psychiatrists in training in the last reported medical workforce survey (Medical Council of New Zealand, 2005). As New Zealand has a predominantly public health system, most psychiatrists are working in secondary care settings (Joyce, 2002). There were 2,737 GPs, but the number is declining. There were 2,000 psychologists with annual practicing certificates. 1,173 completed the workforce survey, 607 of which reported working in clinical psychology. The largest workforce of Psychologists was in private practice (approx 34%), and DHB services (approx 30%) (New Zealand Health Information Service, 2007). The availability of medical practitioners, psychologists, as well as the location and focus of their work may determine how feasible, but also how beneficial collaborative prescribing is. Take for example the well documented aging of the New Zealand population. If this can be equated with the increasing incidence of age-related physical health ailments then a smaller number of GPs (also part of the aging population) may find an increasing proportion of their time taken with the management of degenerative and age-related physical conditions rather than mental health difficulties.

Lavoie and Barone (2006) divided models of prescription privileges into either *dependant* - supervised by a medical professional, or *independent* - with consultation as required, and *limited* to certain medications versus *unlimited*. The current US model for psychologists begins with dependant and limited options, but with supervision psychologists can become independent prescribers. There are very few prescribing psychologists in practice, but the data so far indicates that those trained are executing prescription tasks safely and effectively (Norfleet, 2002). In contrast to the US, our Ministry of Health consultation document is focused on a class of dependant and limited prescribers, with no suggestion that privilege would advance beyond that level. It specifically states that this requires a ".....*strong relationship between the practitioners involved*" and an "*implicit level of trust that would be demonstrated by both parties....*" The nature of teamwork means there is currently informal collaboration between psychologists and medical practitioners, although often there is no meaningful collaboration in 'real-time'.

A new class of collaborative prescribing is not possible without due consideration of the medical practitioners who would be asked to supervise it. The medical profession's response to previous proposals regarding nurse practitioners indicates that medical practitioners, including GPs, consider supervised prescribing as a possible area for development, but do not support independent prescribing by non-medical practitioners (Moller & Begg, 2005; New Zealand College of General Practitioners, 1999). Their position on psychologists and prescribing has not been explored.

What minimum competencies should be specified for the collaborative prescribing class?

A key issue in the international debate is the training and retraining psychologists would require when undertaking a collaborative prescribing role. Psychologists working in mental health have assessment and diagnostic skills that enable them to identify mental health needs. However routine training in pharmacology is not a consistent part of the training curriculum, and it definitely does not extend to the level of physiology training that medical practitioners learning to prescribe will undertake. The US models have proposed further course work and hundreds of hours of supervised practice to be an independent prescriber (Lavoie & Barone, 2006). Surveys of practitioners in the US show that while the majority of psychologists support extending prescribing in principle, fewer (approximately 25%) would actually undergo further training to take up this opportunity (Baird, 2007; Fagan et al., 2007). Those interested in further training were typically younger, and had more debt as a result of previous study.

What do we think?

It is important that a comprehensive and robust debate occurs so that psychologists can determine what aspects of collaborative prescribing are relevant to the context of New Zealand mental health. As a professional group clinical psychologists often work with clients for whom medication is part of the treatment plan. This is common in secondary mental health services, but also in primary care as this is where most people experiencing mental health difficulties seek assistance. Given this experience it would be very useful to have clinical psychologists' views on collaborative prescribing. We are planning to conduct a national survey of all psychologists, including all members of the College. We will be modelling our survey form on the form used by the APS so that we can make a comparison at a later date if this seems useful. We will disseminate the result via the College's publications. However, we would also encourage members to express their views on this topic directly via the *ShrinkRAP*. It is important that a comprehensive and robust debate occurs so that the College and the profession have all the material required to support the development of a clear position statement.

A full reference list is available from the principle author at john@tpc.org.nz

Wellington Branch Submission to the Social Services Select Committee on *The Inquiry into the Care and Rehabilitation of Youth Sex Offenders*

**Jo Nightingale
Chair, NZCCP Wellington Branch**

Wellington Branch has been taking an active role in monitoring the Parliamentary Select Committee programme and making submissions on issues relevant to clinical psychology. Our most recent submission was presented in early September by Sarah Lilley, Joanna Browne and Amanda Baird, on the *Inquiry into the Care and Rehabilitation of Youth Sex Offenders*. They also made an oral submission to the Committee on 17 October 2007.

The Inquiry was set up to examine and evaluate:

- arrangements for the placement, supervision and custody of youth sex offenders who are in the custody of Child, Youth and Family Services,
- the various support arrangements and programmes available for responding to and rehabilitating youth sex offenders,
- the integration of youth sex offenders into communities,
- the support mechanisms for youth sex offenders in transition into adulthood, and
- the processes for selecting, approving, and monitoring caregivers, providers, and other people involved in the management of youth sex offenders.

Our submission outlined recent research in each of the above areas, and concluded that further research is needed in several areas, including the New Zealand context of youth sexual offending and

female sex offending, in order to inform both treatment planning, risk management, and service planning. The following list is a brief summary of other key recommendations in our submission:

- a thorough, specialist assessment to inform treatment and placement decisions of all youth who come to the attention of services (i.e. Police and CYFS) for sexual offending behaviour,
- treatment services must adhere to the scientist/practitioner model and be evidence- and best practice-based and engaged in ongoing evaluation of effectiveness,
- rehabilitation programmes work alongside families and caregivers,
- reintegration into the community includes appropriate socialisation experiences
- clear 'person specifications' for caregivers and support workers working with youth who sexually offend and professionals delivering rehabilitation programmes, with effective mechanisms for support, supervision and training,
- clear inter-agency processes for sharing information about behaviour or risk concerns.

We are immensely grateful to Sarah, Jo and Amanda for their hard work in completing this thorough, well-researched, and thoughtful submission on behalf of Wellington Branch.

Classified
