



ShrinkRAP

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

ISSN 1174-4251 (Print)
ISSN 1175-3110 (Online)

College News

President's Word

At the 17th AGM in 2006 the National Executive and the Media subcommittee was given a mandate by NZCCP members to issue press releases and speak to the media on behalf of the College. Earlier this month we seriously considered taking the opportunity to send a message to the press, and to the public at large, taking a position on the upcoming referendum around repealing the 2007 amendment of Section 59 of the Crimes Act. This amendment removed the statutory defence of using "reasonable force" on children.

However, taking a public stance has seemed to be too contentious for some College members. There was a small but vocal reaction, led by Ted Mason, to the email circular sent from the College to members, which invited them to visit the YesVote website set up by a consortium of interested agencies and listed some of the arguments in favour of the 'yes vote'. There was also a significantly larger negative reaction to the subsequent circulation of Ted Mason's message.

It is important that the issue is debated and the College definitely does not support censorship in any form. All College members are entitled to have and express their views and there has indeed been a flurry of activity on the forum set up for this specific discussion on the website.

And so for my personal view - I will not be persuaded one way or another by academic arguments and intellectual debate on the

issue of physical discipline. For me personally having a law or a statute that condones hitting children is simply abhorrent. I will be voting YES.

MOPS

There has been a lot of excellent work done with the Maintenance of Professional Standards (MOPS) programme proposed by the College. This was led by Fran Vertue and Eileen Britt. The proposed MOPS programme was also piloted among a number of College members last year. We have been waiting to see if the Psychologists Board would accept the College MOPS programme in lieu of their newly developed Continuing Competency Programme (CCP).

From the Board's *Continuing Competence Programme for Psychologists Practising in Aotearoa New Zealand*, February 2009:

"The CCP requires each psychologist to engage annually in a self-reflective review (with the assistance of their supervisor or mentor) of their practice to identify their own continuing competence needs and to ascertain how these goals can best be met.... The cycle is completed and revitalised annually by a review which allows an assessment of progress towards identified goals and reflection on evolving directions, and which generates the next round of learning goals."

As previously advised, at the national Conference in Dunedin in February, the

Psychologists Board has made it clear that "the College's programme would only be recognised where that programme clearly meets all of the CCP's requirements, including its 'philosophical' requirements".

We have engaged with the Psychologists Board, modified the original College programme and finally Ann, Nigel and Caroline met with the Registrar, the Chairperson of the Board and the Psychology Advisor. There seems to be a fundamental philosophical difference between the two programmes, stemming particularly from the College's proposed points system, which is seen to detract from and "even supplant the CCP's focus on an annual, individually tailored education plan based on that individual's unique needs assessment". It was also agreed that the three year cycle proposed in the College MOPS programme was "too long an interval between self-reflective reviews".

In light of this, the College will not be going ahead with our MOPs programme.

In the next Board newsletter, which will be published sometime in June, Anne Goodhead, the Psychology Advisor at the NZPB, will provide an outline of ways to embark upon the Board's CCP. For further information you can also go to the Psychologists Board website at <http://www.psychologistsboard.org.nz/>.

Mental Health Commission news

The Mental Health Commission (MHC) recently reviewed its reference group advisory structure to ensure that this is aligned with its new governing legislation, passed in 2007. The Commission has moved from having a number of reference groups (Consumer, Clinician, Maori, Pasifika, Family, etc) to a single 12 person Advisory Group. Formal applications for these positions were considered. Elliot Bell, who had previously been an NZCCP representative on the Clinician's Reference group, was a successful applicant for the new Advisory Group. Commissioner Chair Dr Peter McGeorge has spoken to Elliot about how his appointment reflects the MHC's commitment to having input from clinical psychology at the Commission. This is consistent with Dr McGeorge's keynote address at the College conference in Dunedin in January. Dr Te Kani

Kingi of Massey University will be the independent chair of the new Advisory Group.

College Awards

NZCCP is delighted to announce the following award recipients:

The Research/Study Award goes to Eileen Britt who will be attending the Motivational Interviewing: Training New Trainers (TNT) workshop and subsequent 3-day Motivational Interviewing Network of Trainers (MINT) forum, which will be held in Sitges, Barcelona, Spain, in June.

The Travel Grants were awarded to Dr Sylvia Blood, Kimberly Good, Leena St Martin, Nicola Wilson and Julie Zarifeh.

Te Karahipi Oranga Hinengaro was given to Sara Poananga and the President's Award to Jenny Huxtable.

The College heartily congratulates all award recipients.

Membership News

College membership continues to grow steadily. At the National Executive meetings since the February ShrinkRAP the following people have been approved and accepted as Full Members of the College:

Fiona Henderson, Wellington
Holly Wilkins, Lower Hutt
Jacqueline Gregory, Taupo.
Joyce Alberts, Christchurch
Rosemary Lyons, Auckland
Sanjeeta Sharma, Auckland
Zoe Quick, Christchurch

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

Allison Hewitt, Paraparaumu
Annabel Ramsay, Wellington
Beata Torok, Palmerston North
Gina Priestley, Whangarei
Hilary Mack, Auckland
Jo Prince, Dunedin
Katja Woldert, Auckland
Luke Rowe, Hastings
Mark Lewis, Wellington
Phillipa Peacocke

Congratulations to new Clinical Programme Graduands

NZCCP would also like to congratulate the following Otago based Clinical Programme student members, who have passed their clinical exams:

Karen Sutherland (Distinction)

Sasha McComb

Michelle Milmine

Amy Smith

Clark Sim (Distinction)

Jake Dickson

Henry Pharo (Distinction)

These people are now eligible for registration as a Clinical Psychologist and Associate Membership with the College.

Conference 2010

We're so excited about Conference 2010 that we'll be sending you all sorts of bytes about it!

This first byte is about Professor Les Greenberg who will be offering a 2-day pre-conference workshop on Emotion Focussed Therapy.

Here is a letter from Les:

Dear Colleague:

Do you believe that many of your daily emotions have a purpose? If so, you may be interested in EFT. Therapies that control emotions-such as cognitive therapy and medication management-have helped a large number of people. However, those therapies can be overused.

Furthermore, there can be side-effects. Today too many people are cutting themselves off from their feelings-cutting themselves off from too much of what makes them feel human and truly alive.

We're alive because we feel. Yes, some of our emotions should be tempered. But many of our emotions-including some we'd rather not feel-can lead us towards greater well-being-individually and in our relationships... if only we'd allow them to do so.

People can be helped through the modification of cognitions and the manipulation of neurochemicals-but with limits. As human beings we must also acquire the courage and skills to work with our emotions.

These aren't new ideas. The ancient Greek philosopher Epicurus

(341BC-270BC) first stressed that both pleasant and unpleasant emotions can have a purpose. What is new is society's re-realization that a balanced approach is likely what's best.

Yes, some feelings need to be controlled, and others should be changed.

Some need to be listened to.

Together let's seek the wisdom to know which approach to use when.

Sincerely,

Les Greenberg, Ph.D

Here are a few comments about Les' work from his colleagues:

"Highly sophisticated... [Dr. Greenberg] will predictably have a significant influence on theory, research, and practice in psychotherapy."

-Hans H. Strupp, Ph.D.

"There is no doubt that Greenberg is both a pioneer and the field's premier investigator in the important work of applying the basic research on emotions to the process of psychotherapy... a fabulous compendium of strategies for working with emotions."

-Marsha M. Linehan, Ph.D.

"Truly outstanding work [for] every researcher and practitioner involved with psychotherapy."

-David H. Barlow, Ph.D.

Please click on this link to quickly learn more about Les and his work
<http://www.emotionfocusedtherapy.org/>

With love from the Conference 2010 committee

ACC News

Jane Lennan

ACC Pain Services Focus Group

Hello all, I am the NZCCP rep on the ACC Pain Services Focus Group. We are a collection of ACC senior managers and advisors and health professionals (OT, Physio, Nurse Specialist, Anaesthetist, Musculoskeletal Physician, Psychologists and Contract Manager) who work in the field and have a special interest in persistent pain conditions. This is a group assembled by ACC and invited to advise ACC on aspects of their service delivery for people with pain condition. Jim Hegarty, Clinical Psychologist, is also there as an ACC Psychology Advisor. As many of you know ACC has revamped and

extended the services it funds for assessing and treating people with persistent pain and now offers eight funded services, several of which clinical psychologists or psychologists specialising in health can be involved with as contractors.

These are:

- ❖ Comprehensive Pain Assessments (CPA)
- ❖ Pain Management Psychological Services (PMP)
- ❖ Activity Focussed Programmes (AFP)
- ❖ Pain Disability Prevention Programme (PDP)
- ❖ Multidisciplinary Pain Management Programmes which have psychologist involvement, e.g. provided by TARPS Auckland, QE2 Rotorua, and Burwood Pain Services

There is also the Functional Reactivation Programme and the Progressive Goal Attainment Programme lead by physiotherapists or OT's and the Interventional Pain Management services where vocationally registered medical practitioners, e.g. anaesthetists, provide specialised medical interventions.

One of the useful resources that ACC has provided in the last year to contracted clinicians is the "NZ ACC Chronic Pain Assessment Instrument Compendium". " This publication reports on the details of psychometrically sound and clinically applicable instruments for use in the primary and secondary healthcare settings for assessment of people with chronic pain." (p2)

If any of you working in this field have feedback or questions then please feel free to contact me, jane@gains.net.nz, and I will relay your feedback to the Focus Group.

If you are interested to understand more about the contracts and how to apply for them, or access the Compendium, then contact your local ACC branch and ask for the Relationship Manager i.e. a person who interfaces between ACC and Providers.

Health Practitioners Disciplinary Tribunal Hearing of the Charge laid by the Director of Proceedings against Ms Keriatia Paterson

On 4 August 2008 a charge of professional misconduct was heard against Ms Keriatia

Paterson. The grounds for this charge were that Ms Paterson, while an employee of the Department of Corrections, commenced an intimate and/or sexual relationship with a former client. The Tribunal found that the charge was upheld. As a consequence Ms Paterson's registration was cancelled, with effect from 5 August 2008; she was censured; and she was ordered to pay \$1,500.00 towards costs. Although there is a final order suppressing client's name and all identifying details, Ms Paterson's application for name suppression was rejected.

The standard of proof for professional misconduct is that there has been malpractice and/or negligence and /or conduct which is likely to bring discredit to the profession. Ms Paterson admitted the charge of professional misconduct but the Tribunal had to independently satisfy itself that professional misconduct was established. The Director of Proceedings as prosecutor pointed out that establishing an intimate relationship with a client is in direct breach of the Code of Ethics:

- Principle 2.1.9 that psychologists do not foster dependence;
- Principle 2.1.10 that sexual relationships with clients, supervisees and/or students either during or after the professional relationship are unethical;
- Principle 2.2.6 that psychologists have regular supervision; and
- Principle 2.2.7 that psychologists have responsibilities to monitor their fitness to practise safely and take appropriate remedial action if necessary.

The Director also referred to the Board's "Core Competencies" and the Department of Corrections "Code of Conduct" as standards Ms Paterson, as a registered psychologist was expected to adhere to. The Director submitted to the Tribunal that Ms Paterson's conduct was a serious breach of these various ethics and competence standards.

The Tribunal was satisfied that there was unethical conduct and neglect of professional duties amounting to malpractice, and that this was likely to bring discredit to the profession. The Tribunal agreed with an earlier HDPT decision that the professional relationship between a patient and a health practitioner involves bonds of trust which are eroded whenever a health professional takes advantage of their position to further their

own emotional needs, and that any health professional who develops an intimate relationship with a patient is at risk of serious disciplinary consequences. Ms Paterson's conduct was deemed sufficiently serious to warrant discipline for the purposes of protecting the public, maintaining professional standards and punishment.

Call for a healthy drug law reform

Misuse of Drugs Act has been around for 34 years. It is now being reviewed by the Law Commission, providing a rare opportunity for New Zealand to bring its drug law into the 21st century. New Zealand Drug Foundation's executive director Ross Bell argues that the review must be based on modern thinking and best available evidence.

"This has never, ever worked, so let's keep on doing it."

Why do we expect that one of the most complex social and health issues can be solved through tough action by police, the courts and prisons? The faith many have in the criminal justice system to fix social ills is misplaced. Indeed, the system itself can be the cause of some of those ills.

Getting 'tough on drugs' or fighting the 'war on drugs' doesn't create communities free from drug harm.

We need to understand that the social and health harms from drugs can only be addressed through humane social and health policies and interventions. We do them a disservice when we demand that Customs, Police and Courts fix the problems created by social exclusion, poverty, the human condition and even genetics. They are simply not equipped or qualified to do this – yet this is where we invest our energies and resources.

In Australia (we don't have New Zealand data, but confidently assume it will be comparable) 57 percent of expenditure on illicit drug policy goes to law enforcement, with only 23 percent to prevention efforts, 17 percent to treatment services and 3 percent to harm reduction initiatives. Acknowledging there is still debate about the best mix of investment, it's safe to say we have a long

way to go before we even reach a balance of approaches.

New Zealand's obsolete drug law must be reformed so that it can complement the more balanced National Drug Policy. A health-based drug law would respect human rights, including the right of people to equal access to health services. It would reduce the barriers that currently stop people seeking help for drug-related problems and make it easier for them to access services such as harm reduction programmes or treatment.

Do not be mistaken. This is not a debate about 'hard' versus 'soft' drug law. Recent World Health Organisation research illustrated that "drug use is not simply related to drug policy, since countries with more stringent policies towards illegal drug use did not have lower levels of such drug use than countries with more liberal policies."

Instead, we hope that as New Zealand reviews its domestic drug law, we stay open to new approaches, informed by the best evidence and be prepared to challenge previously held tenets.

David Cameron, UK's Conservative Party Leader, has lamented that "If one takes a slightly progressive - or, as I like to think of it, thoughtful - view [of drug control], one can sometimes be accused of being soft. I reject that utterly." So do we.



Ross Bell
New Zealand Drug Foundation
- Learn more about the Misuse of Drugs Act review at www.nzdf.org.nz/moda



National Educational Coordinating Committee (NECC)

The National Educational Coordinating Committee aims to encourage and facilitate continuing education opportunities for members, by providing nationally coordinated events to a high standard. Our goal is to coordinate training opportunities between branches with the goal of facilitating training in all regions. A clear distinction is kept between the function of this committee and the broader role of Branch Representatives, who continue to liaise with Council on matters of Policy and general Branch business. Please consult the College Website for further information and links (<http://www.nzccp.co.nz/events/seminars/>)

TRAINING TIMETABLE

2009 NZCCP Branch Events

BRANCH	MONTH	PRESENTER/ CONTENT
Wellington	July	Mani Mitchell – Gender Variance
Canterbury	July 3	James Hegarty – Acceptance and Commitment Therapy – 1 day workshop
Canterbury	September 4	Simon Adamson – “Addictions” – 12.45 – 4.30pm
Wellington	September	Robyn Salisbury – “Attachment and its impact on adult sexuality and intimacy, with applications in therapy”.
Canterbury	November 20	Bronwyn Moth – “Sexualwellity” - 12.45 – 4.30pm

2009 Other Organization Events

	MONTH	PRESENTER / CONTENT
Auckland	June	Dr David Semp & Dr Roy Krawitz - DBT Training
Wellington	June	Early Intervention in Psychosis Training Forum
Rotorua	July	NZ Pain Society Annual Scientific Meeting
Taranaki – NZPOPs Conference	March	10 th National Conference Psychology of Older Age
Christchurch	September	Dr John Briere – Trauma Therapy Seminar
Auckland	September	Dr John Briere – Trauma Therapy Seminar



Are pleased to offer the following one-day workshop

ACCEPTANCE AND COMMITMENT THERAPY (ACT)

Dr James Hegarty (Ph.D., Registered Clinical Psychologist)

**To be held at Commodore Airport Hotel,
449 Memorial Avenue, Christchurch,
Friday 3 July 2009, 9.00am-5.00pm**

ACT is one of the new generation of CBT therapies, firmly based in the scientist-practitioner tradition. The ACT approach has been shown to be effective in a number of areas of clinical practice. For example, depression, chronic pain, psychosis, a wide variety of anxiety disorders including GAD and PTSD, and in aiding staff retention and productivity.

This one day workshop will briefly introduce the theory behind ACT, some of the evidence supporting it, and focus on practical applications for use in therapy. The workshop will include many exercises and demonstrations of techniques which participants can use in their own practice. The aim of these experiential demonstrations is to help participants "get" the theoretical approach to ACT, and how it works in practice. Much of the ACT related research to date has focused on the active components of therapy. This workshop will introduce and demonstrate the proposed six key components of ACT. Particular attention will also be paid to:

- The theory behind ACT
- Case formulation from an ACT perspective
- Mindfulness in ACT
- and what acceptance really means

Pre-workshop readings will be sent out to registrants. Additionally, a reading list, and some assessment/intervention tools will be provided at the workshop.

Biographical Details:

Dr James Hegarty is a Clinical Psychologist in private practice in Dunedin. He has a wide range of experience having worked with the Department of Corrections, in a specialist rehabilitation unit working with brain injury and neurological disorders, with Youth Specialty Services, and in a specialist pain service. He currently also serves as an advisor to ACC. Originally trained at Otago University in largely cognitively based CBT approaches he has had specialist advanced training in Schema Therapy, and Mindfulness integrated Cognitive Behavioural Therapy (MiCBT). Dr Hegarty regards himself as primarily an ACT therapist seeing this approach as providing the best theoretical and data driven evidence for the integration of science into clinical practice. He is a Charter Member of the Association of Contextual and Behavioral Sciences, and a Fellow of the New Zealand College of Clinical Psychologists.

