



ShrinkRAP

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

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

He taonga rongonui te aroha ki te tangata.
Goodwill towards others is a precious treasure.

From the President

The Australian Clinical Psychologists Association has been formed and is being rapidly joined by disenchanted members of the Australian Psychological Services. What follows is a press release issued on 27 April.

ADVANCE IN MENTAL HEALTH SERVICE AWARENESS

Formation of the Australian Clinical Psychology Association (ACPA)

The mental health of Australians received a boost today with the launch of a new Australian professional body representing Clinical Psychologists.

The Australian Clinical Psychology Association (ACPA) will enable health practitioners and the public to clearly identify those Psychologists with accredited post-graduate qualifications in Clinical Psychology, who are able to provide high-quality treatment of mental health problems.

President of ACPA, Judy Hyde says, "Clinical Psychologists with accredited post-graduate training in clinical psychology are concerned many Australians are not receiving the level of service they need when they see a Psychologist or Clinical Psychologist without this accredited training. It is this concern that has led to the formation of ACPA."

Accredited Clinical Psychologists have specialist qualifications in the assessment, diagnosis and treatment of mental health problems. Members of ACPA undertake four years of post-graduate training including a Masters or Doctoral degree in Clinical Psychology.

Accredited Clinical Psychologists are trained to provide individualised, evidence-based

treatments for a wide range of mental health problems at all levels of severity through their post graduate training which incorporates academic learning, research and supervised practice focussed on working with mental health problems across the lifespan.

Judy Hyde says in no other country in the developed world would a Psychologist without accredited post-graduate training as a Clinical Psychologist be permitted to treat people with mental health difficulties. "The formation of ACPA will allow Australia to move closer to the US, UK and New Zealand, where a higher minimum standard in this area has been maintained for decades."

"The Government has firmly put the issue of mental health on the agenda in 2010, awarding a mental health pioneer, Professor Patrick McGorry, as Australian of the Year. This has given us an opportunity to not just treat our patients, but also be advocates for them."

"Australians deserve to know if their Psychologist or Clinical Psychologist has the appropriate qualifications to safely deal with their issues."

Visit the ACPA website at www.acpa.org.au

FAST FACTS:

- ACPA represents psychologists with accredited post-graduate qualifications in clinical psychology.
- ACPA allows for the first time health professionals and the public to identify those clinical psychologists who hold accredited post-graduate training in the speciality.
- Accredited clinical psychologists are specialists in the assessment, diagnosis and treatment of mental health difficulties

- Accredited clinical psychologists also undertake research and teaching in the speciality of clinical psychology
- Psychologists and some clinical psychologists offering services under the Better Access scheme do not have accredited post-graduate qualifications in clinical

psychology.

- Only those psychologists holding post-graduate accredited qualifications in clinical psychology are permitted to treat people with mental health difficulties in every other English-speaking country in the world.

Membership News

At the National Executive meetings since the December ShrinkRAP the following people have been approved and accepted as

Full Members of the College:

Vanessa Beavan, Auckland
Merima Isakovic, Auckland
Almarie Peirson, Whangarei.
Luke Rowe, Hawkes Bay
Paul Therly, Hamilton

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

Clare Couch, Wellington
Sally Davis, Auckland
Jake Dickson, Kaikohe
Kirsten Keown, Wellington
Michelle Milmine, Dunedin

Congratulations to new Clinical Programme Graduands

The following students have completed the requirements of the PG Diploma in Clinical Psychology at the University of Canterbury:

Nika Anderson, Natalie Blackmore, Anna Chesney, Alex Mortlock, Mark Ottley, Ryan Perkins, Ruchika Talwar.

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

College Awards

NZCCP is delighted to announce the following award recipients:

The Research/Study Award goes to James Hegarty who will be attending the Cultivating Emotional Balance Teacher Training Course, a six week intensive residential training course run by Paul Ekman PhD, and B Alan Wallace PhD., in Phuket.

The Travel Grants were awarded to Stephen Humm, Jennifer Jordan and Piotr Legutko.

The NZCCP President's Award was given to Liza Dickie, a Victoria University clinical student.

The College heartily congratulates all award recipients.

News in Brief from the Psychologists Board:

At its recent meetings the Board approved the first two sets of best practice guidelines for publication. The guidelines on Supervision and those on "Unprofessional Behaviour in the Workplace and its Management" are now available on the Board's website. Our thanks again to all who made submissions on the earlier drafts of these documents. Further guidelines are in development and will be published for consultation in the coming months.

The Board also recently appointed a new Deputy Registrar (Registration) – Mrs Anne Culver (the former Office Manager). Bill King, who worked for the Board for six years, has moved into (semi) retirement and we wish him well.

The Board's July newsletter is now being prepared, and will include a report on the first round of Continuing Competence Programme audits. If you were audited and did not submit the feedback form provided the Board is still keen to hear from you in their effort to make the process as useful as possible. Feedback can be sent to anne.goodhead@nzpb.org.nz

NZCCP submissions on *Towards optimal primary mental health care in the new primary care environment: A draft guidance paper*, circulated by the Ministry of Health

In February, the NZCCP commented on the Ministry of Health (MoH) document, *Towards optimal primary mental health care in the new primary care environment: A draft guidance paper*. This described a system of stepped care for mental health problems to be delivered through the primary care health system, not unlike the Improved Access to Psychological Therapies (IAPT) programme being rolled out in the UK. In that system, clinical psychologists have been consultants in its development and implementation, doing assessment, diagnosis, treatment planning, treatment, and monitoring of outcomes using psychometrics. However, in the New Zealand document, clinical

psychologists were not mentioned at all. I prepared a submission, with input from various Christchurch colleagues and Kris Garstang, who also put forward a response from the Nelson Branch. These submissions included questions regarding the potential roles of clinical psychologists, the relative costs of the proposed system and another in which therapy by private practitioners was funded or subsidized, the evidence for the effectiveness of the short interventions proposed, the provision of adequate training and supervision for those providing interventions, the models of delivery (e.g. salaried therapists or therapists contracting to provide packages of care), and the vexing question of what would happen to the group of people with moderate to severe difficulties who do not get access to specialist mental health services but would not be adequately served by short interventions.

The NZCCP was invited to send representatives to meet with Dr Sarah Dwyer, the primary author of the document, to discuss these issues. Clinical psychologists Elliot Bell, Fiona Mathieson, and Kara Mihaere, and executive director of the NZCCP, Caroline Greig, and I met with Sarah mid-April. Fiona and Elliot run CBT training at the Wellington Medical School, so were also poised to discuss funding of training of such courses through Te Pou, and the interventions their graduates might provide. (Sarah was positive about both.) Kara is a clinical psychologist working in a Primary Healthcare Organisation in Porirua and was able to give valuable insight into the system of mental health care applied there.

Sarah is a psychologist and has practiced in the child and family area, and is very conscious of due regard for best practice, as best we can know it at any time. She expressed a dedication to promoting practices that could be shown to work, so supports providing limited but longer interventions where necessary. The related issue of providing care for the moderate to severe group was not really resolved, given that it appeared the brief was to achieve primary mental health care delivery by better utilisation of available resources, without the injection of much more money. However, there is no doubt that Sarah is fully aware of this issue. She also responded positively to the idea of specifying roles that could appropriately be filled by clinical psychologists, including consultation, training, and supervision.

Sarah is revising the guidance paper and will send the revised document to all those who were at the meeting. All the documents referred to here are available from Caroline on request to office@nzccp.co.nz.

Sue Galvin

Psychology Internships

This issue is still very much on the agenda at many of the fora that representatives from the College attend. While major employers (for example the DHB Advisors) and the Heads of the Psychology Departments at the universities need to take the lead in progressing this issue, it is still basically a workforce problem and therefore the profession also needs to continue to lobby and to work with Te Pou and the Ministry of Health.

In March the DHB Psychology Leaders and representatives of the university training programmes met with representatives from the Ministry of Health, the recently created Health Workforce NZ Board (the Clinical Training Agency Board in a former life) and the Psychologists Board and, as a consequence, a working party was formed to gather information to assist the Health Workforce NZ review.

The HWNZ's Strategic Plan was published at the end of April, and as part of this it is acknowledged that in order to improve the ability of the workforce system to respond to service changes it would be necessary to increase workforce numbers in high need areas and specialties that are hard to staff and that, among other things, the capacity and funding for psychology internships would be reviewed.

After another meeting between the Psychologists Board and Professor Des Gorman, the Chair of the new Health Workforce New Zealand Board, it was agreed by the Psychology Profession Advisory Forum, of which the College is a member, that the Psychologists Board would be the "conduit" to the profession, to allow HWNZ to liaise more efficiently and hence more broadly. Other questions posed by Prof Gorman included who should put together the workforce vision for 2020, what is the likely role of psychologists in 2020 and would the profession provide a snapshot of what is needed now with respect to internships? Both professional organisations are to get

feedback from their membership for ideas for the projected vision queries. Please send all your thoughts and comments about these visions to Caroline at office@nzccp.co.nz.

ACC Mental Health Sector Liaison Group (MHSLG) update

The Mental Health Sector Liaison (MHSLG) group consists of representatives from the NZ Psychological Society, NZCCP, College of Psychiatrists, Academic Psychiatry, NZ Association of Psychotherapists, and key people from ACC. The MHSLG acts as an advisory group for ACC on mental health related matters and discusses the implementation of ACC contracts and policies. The group meets four times each year and there has been just one MHSLG meeting so far this year. The main issues discussed in the March 2010 meeting are summarised below and a copy of the minutes can be obtained from Caroline Greig, on request (e-mail office@nzccp.co.nz).

NZCCP members raised a range of concerns that were discussed in this meeting. Issues with the new Sensitive Claims pathway included long delays in providing decisions for cover, high numbers of new claims being declined, difficulties with contacting Sensitive Claims unit staff by phone and e-mail, and insufficient time provided to complete the IARTS assessments. ACC noted these concerns. They have now sent out information about a 'top up' fee for providing extra hours for complex assessments. This can be accessed by contacting the Sensitive Claims Psychology Advisor. Dr Peter Jansen, the ACC Senior Medical Advisor, has subsequently contacted a number of members to discuss their concerns in more detail.

ACC are in the process of developing a new Sensitive Claims pathway for adolescents and are consulting with representatives from the Ministry of Social Development, Ministry of Education, Ministry of Health, Massey University, Mental Health Services, the ACC National Psychology Advisor, and other key representatives from ACC. The group will develop a discussion document to be circulated for comment. ACC are also working to develop a Sensitive Claims pathway for Maori and have formed an external expert advisory group. This group also aims to collate a discussion document.

Many members have expressed concerns about a decline in referrals for all contracts over the last 18 months. ACC could not provide an explanation for this; they do not think there has been a significant change in claim acceptance rates and there have been no changes in the procedures for sending referrals to Clinical Psychologists for assessments or therapy (with one exception – branch Psychology Advisors need to sign off on referrals for neuropsychological assessments). Other members had raised concerns about sending in assessment reports and not being informed if recommendations are declined or approved, leading to concerns that claimants have not been receiving treatment. ACC recommend talking with the case manager and then the branch psychologist if you have recommended treatment and have not had a response. ACC noted the concerns about the drop in referral rates in particular and will gather data on this and will feedback at the next meeting (23 June 2010).

There have been a couple of examples of ACC requesting photocopies of clinical notes from Clinical Psychologists. We have discussed our concerns about this with ACC and have provided ACC with copies of an opinion from the NZCCP ethics board and a legal opinion from the Medical Protection Society. Our concerns have been noted but ACC maintain they will continue to do this for a number of purposes, including determining a claimant's entitlement to receive rehabilitation services. ACC will pay some money to cover the costs of making copies and for 'cleansing' or anonymising the notes (\$90.00 per hour). They pay a maximum of 12 hours and this needs to be negotiated with person requesting the notes. Please be aware that it is possible that your notes may be requested and include this in your discussion on the limits of confidentiality with claimants.

ACC are considering asking Clinical Psychologists to complete mental injury assessments to determine if a claimant's mental health symptoms are clinically significant, meet criteria for a DSM-IV diagnosis and are 'caused' by the personal injury they suffered. These assessments are completed when a claimant has sustained a psychological but not a physical injury, for example, when a train driver develops PTSD after being involved in a fatal accident. At present, only Psychiatrists have been offered contracts to provide these assessments. If

ACC decide to offer contacts to Clinical Psychologists, they will advertise this via the professional organisations and plan to run workshops to provide training in mental assessment and report writing.

There are three other meetings scheduled this year; 23 June, 8 September, and 1 December 2010. Please forward any agenda items via Caroline Greig (office@nzccp.org.nz).

Tracey Barnfield

ACC Sensitive Claims Advisory Group (SCAG) update

Firstly, thank you whole heartedly to all of you who have provided feedback to me about various aspects of ACC's new clinical pathway for sensitive claimants. Your patience and input has been invaluable. Since the last feedback in the March 2009 issue of ShrinkRAP, there have been a number of developments in the sensitive claims area, as some of you may have heard. Firstly, a SCAG meeting was held on 12 March 2010 and was chaired by the outgoing Chief Operating Officer (COO), Grahame Bashford. As seems to be usual in these meetings, things got off to an emotionally charged start, but this was quickly settled by some diplomatic attention to the process around the meetings. Feedback was provided to the ACC staff present at that meeting about the various difficulties that had been identified since the implementation of the new pathway. The SCAG concerns included the noticeable decline in the number of claims that were being accepted for treatment, the lengthy timeframes for claims to be accepted, the reluctance for claims to be lodged to begin with, and the adverse emotional impact the assessment process has on people. Concerns were also raised about the dwindling counsellor workforce population due to the declining number of claimants who were being accepted for treatment, and the burden to the remaining counsellors who had to 'hold' potential claimants while their claims were being processed. NZCCP members' concerns were the only ones added to the formal agenda for the meeting and these were addressed by Dr Jansen. ACC made promises to look into the high number of declines and the time delays for processing claims. The issue around some potential claimants having to see multiple providers, and the potential impact of this process on them, was again raised. Dr Jansen said this

is not ACC's intention and again reiterated the importance of initial lodgements having the correct information. Not all lodgements undergo an independent assessment by a clinical psychologist or psychiatrist. Concerns about the comparatively reduced remuneration for assessments were noted and, since this feedback, ACC has indicated that additional funding is available for assessments, but that these will be determined on a case by case basis and that practitioners should negotiate this with the triage clinical psychologist. Some members raised their concerns that they do not receive enough feedback from ACC after the assessment and are therefore unsure as to whether their recommendations have been followed through. Dr Jansen is looking at ways to improve this communication.

The SCAG group also secured a promise from the outgoing COO to have a hui, with representatives from ACC, health, corrections, DHBNZ, etc., to identify the gaps in service provisions for sexual abuse victims that have developed since the implementation of ACC's new pathway. The hui was held on 7 May and co-chaired by the new General Manager for Claims, Denise Gosgrove, and Grahame Bashford. Representatives from various health agencies were present and working groups were formed during the meeting to brainstorm the service gaps for sexual abuse survivors. All feedback from the working groups was to be forwarded to the Sexual Violence Taskforce Review and the Independent Review Panel, which was recently commissioned by ACC Minister, Nick Smith, to "review and determine if the clinical pathway implemented in October 2009 has achieved the following aspects of the clinical framework and clinical pathway: enabling claimants and clients to seek appropriate assistance from ACC, timely triage of new and reactivated claims, timely collection of clinical and other relevant information relating to the event and the mental injury from sexual abuse, timely assessments for clients who require this, timely claim decisions, access by clients to appropriate therapies, regular monitoring of progress and treatment goals, provision of self management and relapse prevention plans." Wellington clinical psychologist, and Te Māngai Māori on the NZCCP Executive, Clive Banks is one of four appointed to this review panel. The Minister was also briefed about the workshop on 17 May 2010. The next

SCAG group meeting is scheduled for 18 June 2010.

Members may have received an email inviting those with ACC Psychological Services contracts to a seminar on How to Assess Mental Injury to be held in various locations around NZ in June. ACC are also looking for clinical psychologists to perform assessments and members can contact the ACC procurements team for enquiries. The NZ Psychological Society also has a new SCAG representative, Helen Chambers, a Wellington-based clinical psychologist who works in private practice. The College and the Society share similar views about the role and value of clinical psychologists working for ACC with sensitive claimants and continue to advocate strongly for clinical psychology and around principles of evidence-based and ethical practise. If members have any further questions or feedback around ACC sensitive claims, please contact me directly at kim.narsi@ccdhb.org.nz.

21st birthday memorabilia

The lovely commemorative mug, produced to mark the occasion of the College's 21st annual conference, is still available for sale from the College office for only \$10 plus postage.



National Education Events

As you are most likely aware, NZ College of Clinical Psychologists is footing the bill for a 2 day Motivational Interviewing workshop given by Canterbury College member, Eileen Britt, and which will be free for members, in no less than nine towns and cities. The first of these, in Wellington on 17 and 18 May, was attended by 36 members and has received positive feedback. As one delighted registrant reported, "I just wanted to thank

the College for funding the excellent workshop this week on Motivational Interviewing by Eileen Britt. I found it very interesting, well presented and practically relevant to my practice. With the requirements of the CCP it was greatly appreciated that this was provided for members free of charge."

Although the workshops in Auckland and Christchurch are now full there are still spaces available in the other centres. Please see the NECC timetable (below) for the workshop schedule.

MI is a collaborative client-centred form of guiding to elicit and strengthen motivation for change, which provides a means of working with clients who are ambivalent about change. It has proven efficacy as an intervention for substance use problems (e.g., alcohol abuse and dependence). Additionally, there is increasing evidence of its effectiveness across a broad range of behaviours, including health behaviour change (e.g. medication compliance, diet and exercise, diabetes), offending, and psychological disorders (e.g., eating and anxiety disorders).

This workshop will present an overview of MI research, theory and practice. The workshop is designed to be interactive. Participants will experience and practice MI, and receive feedback on this practice during the workshop, and for this reason numbers attending will be limited. The overall aims of the workshop are that participants will:

- Develop an understanding of what MI is
- Develop an understanding of the evidence-base for MI and how it works
- Develop an understanding of the fundamental spirit and principles of MI
- Learn the basic clinical style of MI, and how to continue learning it in practice.

About the presenter:

Dr Eileen Britt is a Clinical Psychologist and Fellow of the NZCCP. She is a lecturer at the University of Canterbury (Christchurch) in the Health Sciences Centre, teaching two post-graduate papers on Motivational Interviewing, and on the Post-Graduate Diploma in Clinical Psychology programme, where she is also currently Director of Clinical Training. Eileen is also employed as a Research Fellow, providing supervision on

psychotherapy research trials, at the Department of Psychological Medicine (Christchurch). Her PhD was on MI applied to diabetes self-management, and she currently has three papers on MI published in peer reviewed journals. Eileen has attended

training for Motivational Interviewing Trainers (partially funded by the NZCCP Study/Research Award), and is a member of the Motivational Interviewing Network of Trainers.

NZCCP 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

NZCCP Events		
LOCATION	MONTH	PRESENTER/ CONTENT
Nelson	July 5-6	Eileen Britt/Motivational Interviewing Workshop
New Plymouth	July 12-13	Eileen Britt/Motivational Interviewing Workshop
Palmerston North	September 13-14	Eileen Britt/Motivational Interviewing Workshop
Auckland	September 27-28	Eileen Britt/Motivational Interviewing Workshop
Tauranga	October 18-19	Eileen Britt/Motivational Interviewing Workshop
Hawkes Bay	November 22-23	Eileen Britt/Motivational Interviewing Workshop
Dunedin	November 29-30	Eileen Britt/Motivational Interviewing Workshop
NZCCP Branch Events		
BRANCH	MONTH	PRESENTER / CONTENT
Wellington	June 18	James Hegarty/ACT
Canterbury	July 9	Comparison of cognitive therapies for depression
Canterbury	September 3	Forensic risk assessment
Canterbury	November 19-21	Bruno Canyoun/Mindfulness Integrated CBT
Wellington	September 27-28	Fiona Howard & Sue Cowie/Clinical Supervision Training



MASSEY UNIVERSITY

Director, Centre for Psychology

School of Psychology

Albany

The appointee will be a dynamic Senior Clinical Psychologist with experience in the management of a clinical mental health service, and expertise in a wide range of clinical psychology practices.

Closing date: 02 July 2010

Reference number: A159-10Z

For further information and to apply online, visit: <http://jobs.massey.ac.nz>

Team Leader Clinical Practice

Dunedin - CYF3721



Help turn young lives around!

Do you want to be part of a team who make a positive difference in the lives of children and young people everyday? If yes, we have a rewarding career opportunity for you.

About our residences

Child, Youth and Family operate three youth justice residences and four care and protection residences across New Zealand. Our residences operate 24 hours a day, 7 days a week providing both care and protection and youth justice programmes for children and young people aged 8 to 17 years.

Both our youth justice and care and protection residences are strongly focused on achieving positive change in young people through education, skill development, vocational and employment programmes and therapeutic interventions, all with the goal of positive integration back into the community.

Clinical approach

Recent organisational changes bring an enhanced therapeutic focus to our residential service at Puketai. The new role of Team Leader Clinical Practice will be pivotal to the development and functioning of our new service model. This model seeks to engage the most appropriate evidence based approaches for working therapeutically with the most challenging and vulnerable children and young people who come into our care. Through our service model we aim to maximise the opportunity provided by a residential placement to ensure that when a young person is in a residence, this time is used effectively to ensure the best possible outcomes are achieved and provide these young people the opportunity to realise their own potential. Working in a residential environment is both challenging and rewarding.

To be successful in this new role, we're looking for someone who has:

- A commitment to working with children and young people to help them realise their absolute potential.
- Experience in the treatment of at-risk youth.
- Experience in leading a team in a clinical or therapeutic setting.
- Deep knowledge of relevant theoretical platforms and treatment approaches that work best in this field.
- Post graduate qualifications in psychology, education or social work.

Opportunities available with us

If you want to be part of a team that is instrumental in positively changing the course or pathway a young person is travelling on we want to hear from you.

Child, Youth and Family, a service of the Ministry of Social Development (MSD), recognises and has a commitment to the principles of the Treaty of Waitangi.

Please find the position description and application form on www.cyf.govt.nz or request by email to Sandy.Bond002@cyf.govt.nz, alternatively phone Sandy on 03 955 3550.

Applications close 5pm Friday, 18 June 2010.

Completed applications can be submitted by email to Sandy at the above address or by post to: Sandy Bond, Child, Youth and Family, 40 Elliot Street, Andersons Bay, Dunedin.



Child, Youth and Family is committed to EEO and bicultural processes