ShrinkRAP

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

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He ua ki te po. He paewai ki te rangi.
Rain at night brings eels during the day
In other words - rain isn't always a bad thing!

REGISTRATIONS ARE OPEN for
NZCCP 2017 conference and pre-conference workshop

NZCCP 28TH National Conference
Saturday 29 –Sunday 30 July
Rydges Lakeland Resort, Queenstown
CHECKOUT THE TIMETABLE and
REGISTER ONLINE HERE
or download the brochure and registration form here

Preconference workshop: Thursday 27 and Friday 28 July, 9am – 5pm, *Co-existing Problems in the 21st Century/Digital Age,* presented by **Matthew Berry**
Dr Matthew Berry is a clinical psychologist currently in private practice in Melbourne and is a sessional lecturer at Swinburne University. His career has focused in the drug and alcohol sector in clinical, management and supervisor roles in both public and private settings. His other areas of interest include Aspergers in Adults, Happiness, and Supervision Skills. He has provided consultancy for variety of organisations, including Anglicare, VicRoads, and the Victorian Government, being the principle author for guidelines for a new forensic treatment framework. He is the current advisory chair for the Australia and New Zealand Addiction Conference, and is finishing his first text book on addiction treatment.

Keynote addresses from Matthew Berry, Dr Mary Aiken and Terry Huriwai
For more information please go to http://www.nzccp.co.nz/events/conferences/nzccp-2017-national-conference/

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NZCCP Executive report

We had our first Council meeting for the year in February and covered a lot of ground including reports from the strategic planning subgroups and developing a tagline, all of which are progressing well.

Paul Skirrow made a submission in December on behalf of the College to the Human Rights Commission's review of 'Seclusion and Restraint'. Paul also wrote a submission in March to the Mental Health Act and Human Rights Discussion Document. In March the NZCCP sent feedback to the Guidelines Group for their New Zealand Autism Spectrum Disorder Guideline Supplementary Paper relating to ethnic culture.

As part of our goal of developing strategic alliances, we have become a member of the Rural Health Association Aotearoa NZ (RHAANZ) and our representative to this group, Leigh Anderson, attended the RHAANZ conference in Wellington at the end of March. We have also applied to become an associate member of the Health and Safety Association of New Zealand (HASANZ).

The Psychology Workforce Task Force group continues to meet. More information about the progress this group is making is included in the summary of the PWG meeting. Of particular note is Malcolm Stewart's wonderful work on the Psychology Career "Pipeline" Pathway: Issues and Possible Solutions. The next meeting is at the Ministry of Health on Tuesday 23 May 2017.

The Strategic Leadership group is planning leadership workshops in Auckland and Christchurch later this year presented by Marlene Thorne, Dee Ramsel, and Dr Connie Schroyer from the Society of Psychologists in Management (SPIM).

The NZCCP annual conference, "Working with Complexity, Clinical Psychology in the Digital Age", is scheduled for 29 and 30 July in Queenstown, and includes a preconference workshop on 27 and 28 July, entitled Co-existing Problems in the 21st Century/Digital Age and presented by Matthew Berry. There is also an impressive list of keynote speakers and other workshop presenters including Dr Mary Aiken who is an Adjunct Associate Professor at University College Dublin, Geary Institute for Public Policy, and Academic Advisor (Psychology) to the European Cyber Crime Centre (EC3) at Europol. Mary's work as a cyberpsychologist inspired the CBS primetime television series 'CSI: Cyber' and she is a producer on the show. Her recent book, The Cyber Effect was selected by the Sunday Times as a 2016 book of the year in the 'Thought' category, and the international science journal Nature listed The Cyber Effect in the top 20 books of 2016. Other presenters include Terry Huriwai (Manager, Te Hau Marire Programme, Te Rau Matatini), Associate Professor Simon Adamson, Judge Tim Black, Professor Richie Poulton, Dr Kirsten Davis, and Dr Steven Leicester (who leads 'eheadspace', a national teleweb service providing online youth mental health interventions across Australia).

Website redesign
Thank you immensely to those of you who responded to the member survey late last year with your input and suggestions for a College website redesign. To update you on the process for this the Council decided that we first needed to choose a College "tagline", and possibly even a new logo design, before the website itself was re-designed, so as to avoid any doubling up and potential extra costs.

Thanks to an ingenious method that the NZCCP Pou Whakarae, Tawhiti Kunaiti, and Māngai Māori, Luke Rowe, applied to the process and subsequent discussion at the Council meeting in February we are now at the point of making a choice between two taglines. The NZCCP branches have been asked for their preference and once a clear winner has been chosen a graphic designer will, under instruction from and in collaboration with the Council, including Tawhiti and Luke, develop a new NZCCP logo.

As soon as the Council is happy with the new logo the website designer will be given the website re-design brief, and instructions to follow comments, suggestions and feedback from the survey results, and a completion deadline of 30 June.

Finally, we are very excited to announce that the new logo and website will be launched at the NZCCP national conference at the end of July.

Ethics Committee Update
Sonja Bakker
There have recently been a number of changes within the Ethics Committee. Jane Freeman, the Chairperson, and Marijke Batenburg, a current Committee member and prior Chairperson, have resigned their positions. Both have been highly valued members who have contributed immensely to the Committee over time. Jane has kindly agreed to stay on as a silent member to be consulted as required over the transition period as Sonja Bakker moves into the role of Chairperson. Nominations were recently sought for new Committee members and new members have now been confirmed as Paul Carlyon, Sarah Drummond, Marlene Verhoeven and Jo Leech. These new members are warmly welcomed and join existing Committee members Prue Fanselow-Brown and Anita Bellamy. To remind members regarding the process of seeking advice form the Ethics Committee, they can email their query to the Chairperson. The Chairperson will then disseminated this to the Committee and collate and summarise their responses and provide this to the member in writing. This advice is not binding but is provided to guide the member's decision-making. The Committee is not expected to act under urgency and in these cases consultation should occur within supervision or via MPS. The Ethics Committee will, however, aim to reply to all queries within three weeks.

NZCCP Membership News
At the National Executive meetings since the ShrinkRAP Summer 2016 edition was published, we would like to welcome the following people in the following categories:
Full Members of the College:
Ruth (Rosie) Allan, Auckland
Sarah Austin, Canterbury
Sheila Boyland, Hamilton
Jain Joseph, Canterbury
Shane McArdle, Auckland
As a Full Member, each may now use the acronym MNZCCP.

Associate Members of the College:
Zeenah Adam, Wellington
Merryck Anderson, Wellington
Nicholas Arnott-Steel, Wellington
Chris Brett, Dunedin
Louise Cooper, Wellington
Sam Flannery, Otago
Jessica Gwynne, Wellington
Jonathan Hackney, Canterbury

Debra Hayes, Auckland
Luseane Kioa, Canterbury
Margo Neame, Canterbury
Amanda Newbigin, Dunedin
Dora Sharpe-Davidson, Otago
Anna Shum-Pearce, Wellington
Ting-Ya (Tina) Wang, Auckland
Nicole Winters, Rotorua

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

Our new members might like to know of a few of the many resources, which members find particularly useful, as follows.

Access to excellent Indemnity Insurance with the Medical Protection Society, which provides inexpensive professional indemnity including access to legal advice and representation in the event of a hearing. The Medical Protection Society also facilitates a free EAP style counselling service for members who may be having difficulties or issues in their personal or professional lives, that can't be addressed during supervision sessions. MPS can be contacted on 0800 22 55 677. (If you are not already a member of MPS you can download the MPS membership application form here.)

Access to the EBSCO Publishing online Psychology Research Database which is available free to all College members. This provides unlimited remote access to their Core Psychology Research Package containing Psychology & Behavioral Sciences Collection, MEDLINE with Full Text, and Mental Measurements Yearbooks with Tests in Print.
As a member of NZCCP you can register as a user of the website at this link or you can click on the following link: http://www.nzccp.co.nz/profile/register ; and while there if you want your private practice details published please add as many details as you wish to include in the "Professional Details" field. Once you have been authorised as a College member you will have full access to the EBSCO journal database and, if appropriate, your private practice details will be published in the "find a clinical psychologist" resource for the public.

For more information about these and other resources available to College members please go to **http://www.nzccp.co.nz/membership/**

Grants and Scholarships
As usual, the calibre and range of applications has been extremely high. We congratulate the 2017 award winners, while at the same time commiserating with those who missed out, and we would like to say that, as always, it was a close call.

NZCCP is delighted to announce the following award recipients:

The **Research/Study Award** goes to Auckland member **Bev George** to help pay for expenses for travel to USA for a four-day training in the integration of Parent-Child-Interaction Therapy (PCIT) with attachment therapy with Dr Beth Trouthman, Clinical Psychologist, and Clinical Professor of Psychiatry, University of Iowa.

The four **NZCCP Travel Grants** have been awarded to **Anna Hawkins, Rewa Murphy, Bronwyn Sweeney and Kirsten van Kessel.**

Te Karahipi Oranga Hinengaro Award was given to Jessica Scanlan, a clinical student at Victoria University of Wellington, and the **NZCCP President's Award** was given to Jessica Gerbic, who is enrolled in the Doctoral Programme of Clinical Psychology at the University of Auckland.

The three **Susan Selway Scholarships** went to **Eileen Britt, Simon Panckhurst** and **Octavia Wilson.**

The College heartily congratulates all award recipients.

Journal NZCCP
The themes for the next Journal NZCCP issues are:
Trauma, published June 2017, deadline 30 April 2017
Leadership, published November 2017, deadline 15 September

If you have (or know of someone else who has) an interest in any of the above themes and

- could write an article, or
- do a literature search, or
- if you could review a conference or workshop you've attended, or
- review a book or article you've read, or
- if you are aware of some good online assessment measures or apps, please contact Caroline at office@nzccp.co.nz.

If there is a book you want to read and are interested in reviewing it, Journal book review editor, Dr Charlene Rapsey (charlrapsey@gmail.com), may be able to get you a free review copy.

Please don't forget that we are always keen to receive and publish letters to the editor, and encourage all students to submit articles, case studies, book reviews, commentaries on a set of abstracts, reviews of conferences or workshops and students whose submissions are published are paid $100.

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

MSD - Individualised Client Level Data (ICLD)
We are aware that people are potentially being placed in the position of contravening the Code of Ethics by the Ministry of Social Development's (MSD) requirements that NGOs collect individual client-level data and forward this to MSD.

We sought clarification from the Psychologists Board on how individual registered practitioners should respond to the request for disclosure of client information in situations where the client has withheld consent for disclosure of their personal information to the MSD and/or where the client feels coerced into consenting to the disclosure of their personal information in a situation where services may not be available to them if they refuse to do so.

The Board's response is as follows:

As we cannot pre-determine how we might view any specific instance of practice in this regard, all we can say more generally is that practitioners must carefully consider such situations with reference to the Code of Ethics and to any relevant Best Practice Guidelines (for example, our "Informed Consent" guidelines, which specifically address the requirement for informed consent and the management of the consent process where "power issues" are involved). We would normally also expect practitioners to involve a supervisor and/or other suitably qualified persons in their ethical decision-making process.

The following is from the Privacy Commission's newsletter**:**

The Privacy Commissioner says MSD collection of client data is excessive

A Ministry of Social Development (MSD) policy requiring social service providers to disclose information about all their clients is excessive and inconsistent with the privacy principles, says Privacy Commissioner John Edwards.

The Privacy Commissioner's report, "Inquiry into MSD Collection of Client-Level Data from NGOs", examines the privacy impact of the funding contracts. Read the media release and view a copy of the Privacy Commissioner's report here.

Explaining Clinical Psych to the World! Key messages
Raising the Profile of Clinical Psychology

A strategic direction of the NZCCP has been to raise the profile of clinical psychologists so that the public, government agencies, the media, and other stakeholders can better understand what clinical psychologists do and how they contribute to society. Two important aspects of this are: 1) increasing knowledge and understanding about clinical psychologists and what they do, and 2) increasing the visibility of clinical psychological perspectives and knowledge about issues that are relevant to society and people.
Some of this work can be done by the College as a body, but often it is individual members who are in the best position to provide content for such communications. However, there are barriers that sometimes make it difficult for members to contribute to profile-raising efforts, including:

- Most of us are relatively time-poor.
- Many of us work for organisations that are reluctant for us to have a direct media presence, and many of us aren't comfortable with direct media exposure ourselves.
- Many of us are unfamiliar or uncomfortable with writing for a public audience, as it is quite different from either academic or professional writing.
- It is often seems difficult to simplify psychological understanding down to messages that are simple enough for other stakeholders to understand without feeling we 1) over-simplify, or 2) may face disagreement from psychological colleagues who would say things differently.
- There can be a risk of messages from psychologists (and other health professionals) seeming inconsistent or contradictory.

Yet, our members have a tremendous amount of wisdom, and it is important that we make it known to the public, government, and other stakeholders. This is necessary to ensure clinical psychology remains strong and effective and to ensure that we are contributing as much as possible to the wellbeing of the nation.
The Profile of Psychology Strategic Planning Group has developed and/or advocated for several initiatives to make it possible for the NZCCP and our members to raise the profile of clinical psychology despite barriers like those above. These include 1) engaging a paid writer to help with developing material for communications with the public and stakeholders such as the government, 2) developing processes where we can pro-actively communicate with the media rather than scrambling to react if they approach us, and 3) developing processes where members can contribute to getting messages out to the public and other stakeholders with as little or as much direct exposure of themselves as they wish to have.
To address the last bullet point above, it is helpful if the key messages given by the NZCCP and its members are, as far as possible, consistent over time and across communications. To help facilitate this, we have gone through a process (involving members and laypersons) of articulating some core messages that are relevant to clinical psychology. Of course, these are high-level general messages and any particular communication will require more detail about the specifics of the area in question, but it is hoped that other material will be consistent with these key messages, and that these messages may help to inform the perspective about clinical psychology that is presented.

Developing the Key Messages
To develop the messages we decided to take a leaf out of Design Thinking's book and embark on a co-design process with NZCCP members and the public. We started by asking a small group of clinical psychologists who work across diverse sectors to compose key messages that best described clinical psychology and clinical psychologists. We found eight major themes in their responses, developed brief statements reflecting these themes, and then emailed these messages out to all NZCCP members for feedback about the content and the wording of the messages using a Typeform survey. Members were asked what they thought the key messages should be before and after they read the eight examples, to prevent bias and to spark creativity. Amazingly, 156 NZCCP members responded, which showed just how engaged our profession is with raising its profile!

We then used the responses to refine the messages and identify new themes. This brought us to a total of 12. We could have stopped there, but clinical psychologists are not the target audience. Our next move was to go out and talk to individual members of the public about the messages: Did they understand them? What words would they use? This was enlightening as many people could not distinguish psychologists from psychiatrists. They made novel suggestions for describing what a psychologist is, especially compared to professions they were knowledgeable about such as doctors

and counsellors. Despite NZCCP member's understandable insistence on using the word "clinical", most members of the public didn't engage with this word at all.

We ended up with 11 messages: Some were combined, some were thrown out, and some new messages emerged. These messages are shown below.

The Key Messages
What we do

1. Psychologists help people to have healthier minds and lives.
2. We assist people to find direction and more satisfaction in their lives.
3. We assist people to gain more insight into their relationships with themselves and others.
4. We regularly assist people with common issues, as well as specialising in a variety of complex mental health sectors.
5. We complete assessments to see if people qualify for assisted care and other forms of support.
6. Helping individuals has a flow on effect - when a person's mental health improves they influence others more positively.

How we do it

7. Modern psychologists use proven techniques that they tailor for individuals.
8. We improve people's health and wellbeing by helping them develop useful skills and techniques.
9. Psychologists are like counsellors, but even more scientific.
10. We work collaboratively with our clients and other health professionals.
11. Psychologists are highly trained and trusted professionals.

Using these Messages
The College requests that, in communication with the public and other stakeholders, all members consistently convey an impression of clinical psychology that is consistent with the above messages. This may be either by using at least some of the above messages directly or by communicating concepts consistent with these messages. When clinical psychologists communicate with others, we often convey information about our areas of interest (e.g., depression, criminal behaviour, child development, society, etc.) and we also convey impressions about clinical psychologists and what they do. The content related to our areas of interest will of course be immensely variable, but public understanding of clinical psychologists and what we do will be enhanced if we present consistent and easily understood messaging. The messages above are to help achieve this understanding.

Clinical psychologists have many roles and work in many different settings so it is difficult to capture all of this diversity in a few brief statements. The above statements aim to capture elements that are common to the practice of most clinical psychologists in New Zealand in a way that is understandable to the public and other stakeholders. There are of course many nuances that get lost in such straight-forward statements, but when communicating beyond our own profession there is a large risk of our message getting lost in the complexity of nuance.
Therefore, we request that members and other clinical psychologists keep these messages in mind and work to convey them to the public, the government, and other statements whenever possible. This will help to improve the profile and understanding of psychology.

Summary of the Psychology Profession Advisory Forum (PPAF) meeting, 21 February 2017
Representatives of the New Zealand Psychologists Board, the New Zealand College of Clinical Psychologists, the New Zealand Psychological Society, the (university training programme) Heads of Department and Programme Leaders, and from the DHB Professional Leaders attended this meeting in Wellington.

Cultural Competence (*Updates re each organisation's cultural competence activities)*
The Board has received a few nominations for the proposed Māori Cultural Advice Reference Group, and will be discussing how best to progress the development at their meeting on 22nd February (See further information under Board's report below.)

Reports from PPAF Members

The HoDs and PLs reported that:

• The training programmes have all started again, but otherwise there is nothing significant happening at present.

The DHB Professional Leaders reported that:

• The Professional Leaders will meet again next month. They plan to discuss the storage of psychometric information in the "cloud", and psychologists' role in MDTs.

• APEX has been quite active of late (e.g., re training budgets and supervision provision in DHBs).

The Psychologists Board report:

Updates:

• *Neuropsychology scope consultation (next steps)* – The Board are pulling an expert panel together to refine the draft core competences to ensure they are "core". A final round of consultation re core competences and grand-parenting will then follow. It was suggested that the Board consider having non-neuro specialists on the panel; otherwise there may be a "guild- like" risk. It was noted that two Secretariat members will be participants, which should mitigate that risk.

• *Best Practice Guideline development* – The resource document on "Coping with a Client Suicide" will be going to Board with some revisions especially around cultural section.
Supervision also revised to better deal with tailoring to complexity/need. The "Informed Consent" guidelines have had small changes made to sections around culture. The Board will also discuss possibilities for future guideline development.

• *Annual Board elections* – Ann Connell and Monique Faleafa were both re-elected by acclamation for 2017.

• *Board appointments 2017* – Bev Burns' term ends later this year, so there should be a call for nominations issued by the Ministry of Health (depending on any delays caused by the election, which is set for September 23rd).

The involvement of psychologists in "Safer Practice through Effective Communication" (SPEC) de-escalation and restraint training – The Board received a letter from APEX expressing concern about psychologists being required to participate in this training. It was noted that APEX have apparently not polled their members on this issue, as not all are concerned and some are actively engaged with and supportive of the training. It was also noted that Health & Safety law may require an employer to ensure that any employees who may find themselves in a position where they may have to participate in a restraint must be properly prepared to do so safely.
Those present noted there is no expectation that psychologists will become part of restraint teams. The ethics behind participation are not simple, and in some ways it is "how you put the question". Psychologists could have a valuable role to play in de-escalation. The training was likened to CPR training – everyone needs it, but an individual should always defer to any experts present in an actual event. Finally, it was noted that nurses also have a therapeutic relationship with their clients, yet they routinely engage in such training.

Progress on the establishment of an "Asia-Pacific Psychology Alliance" (APPA) and future representation from NZ –The recent communications from APPA working group were noted. The Board remains keen to be involved in this project, and were pleased to see the APPA leadership's recognition of the need for the involvement of regulators. It was agreed that a regular update of these meetings would be provided by the NZPsS (likely by providing copies of Moana Waitoki's routine reports). This will also become a standing item on each PPAF agenda.

Nominations for the Board's Accreditation Committee –The committee is looking to co-opt a member who has bicultural expertise. Nominations will be accepted until March 3rd.

APC (online renewal) problems –The new online renewal system has proven to be quite "buggy" and so practitioners may experience some problems with it. The secretariat is working with the IT providers to get all the bugs sorted, and asked that all PPAF members spread the word and ask their colleagues to be patient. The Board is confident that, once the system is operating properly, it will be very simple to use.

Guest
Ted Christiansen, Principal Advisor for the Ministry of Health (Health IT Investment and Standards, Technology and Digital Services) spoke to the group about the government's responsibilities re the storage of health data. He focussed on the need to mitigate any security risks, which the Ministry largely drives by establishing rules and standards. The Cabinet have recently been pushing for the increased use of new technologies, including offshore 'cloud' storage. Ted's team now review applications for such storage, and can grant exemptions to agencies who can demonstrate that they have adequate safeguards in place. They expect agencies to have conducted a thorough risk analysis and to have produced a Risk Register. He mentioned also that a new, more streamlined version of their application process is expected to be launched in March 2017. [Ted also mentioned that HISO standard 10029-2015 is their "bottom line", and referred us to the "Patients First" website, which has useful resources such as a "Baseline General Practice Security Checklist".]

The next PPAF meeting will be held on 23 May 2017.

Summary of the Psychology Workforce Group (PWG) meeting 21 February 2017
Debrief from Psychology Workforce Task Force Meeting
The Pipeline Document and the "pithy statements" will help to provide an understanding of how psychology fits into the big picture and to describe what psychologists can do. The goal is to have something that can make sense of psychology for the MOH and other relevant parties. We are fortunate that John Crawshaw is interested in what psychologists do, and he and the HWNZ people were very happy with the Pipeline Document

A summary "pithy" document is to be created, in a brief one page format, illustrating the multitude of ways psychologists can contribute to society. This will cover the entire lifespan and will focus on social determinants, highlighting all the different areas and levels of service provision that psychologists work in, including leadership and service design. Information from the Management Advisory Service report from the '80s will be incorporated along with information in Malcolm Stewart et al.'s *Evidence and Wisdom* article.

It was suggested that we identify "low hanging fruit", or issues that can be addressed immediately, mindful of how best to work with the government's social investment strategy, particularly in respect of the training programmes.

We need to articulate a vision for where are we going to be in five years. The Future of Psychology Initiative has also been working towards this, and it would be useful to look at the issues this group has identified, particularly in terms of the possible threats.

The Workforce Task Force takes a broad approach to workforce issues and a role for the group is to actively shape the workforce. This includes a focus beyond internships and towards how we want to influence new graduates, developing their skills and enabling them to work in all areas (e.g., moving them into primary care) including by supporting post-qualification training.

There was discussion about what people do throughout their working lives and how the Workforce Task Force could shape this in line with the health strategies. The reasons for dropping out should also be examined, however it was noted that psychologists tend not to leave psychology as a career, instead they are moving into or working in different ways, places or roles.

A flexible workforce is needed and the place to address this is early in the career when people are diversifying and moving into specialist areas. We need to identify what the young workforce are looking for now and how to equip these people to be working well, for example with ongoing training/mentorship. While the training programmes could include more information about the different sorts of places people can work, the expectation is that people carry on training and upskilling after graduation once they're working and progressing into workforce, including developing leadership skills.

It was suggested that, although both the College and Society are already providing a lot of training opportunities, perhaps there could be more of a focus on helping people to look more broadly early in their careers.

An additional column will be added to the Pipeline Document, addressing the transition period into the early career years.

It was also noted that there have been further reductions to the number of educational psychologists being trained despite increased demand for their expertise.

Recap of the discussion on Psych training/internships
The Workforce Task Force is continuing to explore solutions to the issues. It was noted that things could be very different if we didn't have the inconsistent funding and one relatively easy option would be for the Ministry to fund internships.

The problems are all clearly explained in the Pipeline Document and it was suggested that we have (another) discussion with the ACE people, although it was noted that there is a different training model for psychologists.

The option for government departments, the DHBs, HWNZ, Corrections and other employers to give the universities the intern funding was suggested, and the possibility of developing a national process with joint interviews, and setting up systems so that interns would still be employees. However, this would require major changes to the current MECA contracts and the unions would have to be involved, not to mention that there would have to be coordination across the programmes. It was also noted that the DHBs and other employers are particular about who they employ and were unlikely to willingly give this funding over to the control of the universities and that other approaches need to be considered. It was noted that from an Educational Psychologist's perspective, a model such as this would be welcome as Educational Psychology interns are not being paid at all at the moment.

It was proposed that the Workforce Task Force develop a proposal for Treasury for a more robust joined up approach to managing the internships.

Next meeting: Tuesday 23 May 2017.

ACC/NZCCP/NZPsS liaison meeting, 13 December 2016
General discussion

1. *Breadth/ content of medical notes*

The extent and volume of medical notes received by providers when doing mental injury assessments was discussed. Barry Kirker mentioned that previously he has received multiple notes whereas more recently he has noted a marked reduction in the amount of notes he received. He wondered whether there has been a change on policy concerning or a change in the letter from ACC when requesting notes.

There has been no change in the letter sent to GPs, DHBs etc. when requesting notes. It is recommended that providers contact Case Owners when they feel that they have not received all the relevant notes.

2. *Change of counsellor while supported assessment occurring*

Barry Kirker questioned what ACC's stance is when the assessor may need to be changed when the supported assessment has already been initiated.

At times, an assessor will realise that the assessment requires skills in a particular area which he/she does not possess. For example, a client may have a previous history and/or current history of psychosis which is not an area of competency for the assessor. In these circumstances, a handover to a different assessor will be required most likely a psychiatrist. This should be carefully explained to the client and a comprehensive handover completed.

At other times, a client may decide that he/she does not relate well with a particular assessor. In these cases, it could be advisable to change assessors to someone a client feels more comfortable with so that a good quality assessment is obtained.

Individual circumstances will apply and it is difficult to provide definitive answers; it may be helpful for the assessor to have a discussion with the Case Owner when there is a situation where the assessor may need to be changed. Thought will be required to determine how this can be accomplished in a way where the client continues to be well supported.

Issues raised

1. *A question was asked what happens when an assessors realises he/she has no time to complete an assessment by the time the medical notes arrive although they thought they would have time when the initial referral was received.*

If when the notes arrive, the nominated assessor realises that he/she does not have the required time to do the assessment and write the report in a timely fashion, they should talk with their supplier about the possibility of finding another assessor. It is helpful if suppliers in the same geographical area have a relationship with one another so that work can be shared around between assessors working for different suppliers. It is important that assessors do not start assessments without the notes when it is known that the notes will contain information of significance for the assessment.
Another issue arose when discussing this – providers could find it useful to discuss with potential assessors whether a supported assessment is required or whether the client may be better off having the support to wellbeing short-term sessions and associated support services. Active liaison hours can be used for a provider to talk with an assessor about whether a supported assessment is indicated similar to a triage process

2. *A member asked whether an administrative checklist of notes requested is created so that assessors can see that all available notes have been requested rather than some notes being overlooked*

This will been raised with the relevant people internally to ascertain what is question possible as it is a sensible suggestion.

3. *How are names removed from the Counsellors registration list on the external ACC website*

The process for removing or updating details on the external website is to email the registration team registrations@acc.co.nz and they will advise web management to update.

4. *Is there a possibility newly qualified clinical psychologists can work under the Integrated Services for sensitive Claims (ISSC) contract with appropriate supervision?*

Internal and external consultation has consistently resulted in the opinion that clinical psychologists and other providers require at least two years clinical experience before working with clients who have sensitive claims due to the complexity of this work. Once they have two years clinical experience, then they can apply to ACC for provisional acceptance as a provider where the supplier agrees that the provider will receive the degree of supervision required to up-skill the provisional provider in working with clients who have sensitive claims. There are special requirements for provisional providers which the supplier needs to agree to. This is to ensure that the safety of clients is attended to.

5. *ACC sensitive claims send us client file material in locked files and text the code to us when we verify we have the item. In contrast, ACC expects us to email confidential reports to them and engage in unencrypted email correspondence at our own risk (which is significant).*

There is agreement that this situation needs to be attended to in terms of privacy but the time frame is not known at this stage. ACC is going through a transformation process currently where solutions to problems such as these will be generated. In the meantime, it is very important that providers check that they have entered the correct email address when sending reports to ACC.

6. *Decision Making in the Sensitive Claims Unit regarding cover Decisions.*

The BAP turnaround time for tasks is 11-12 days which is not ideal but is due to the significant increase in supported assessments over the last two years. Added to this will be the time it takes for Service Coordinator to put the report in the BAP queue and then the additional time for them to contact the client after the BAP has provided an opinion. Recent recruitment of five additional BAPs

will help alleviate the problem but the benefits of this will take some time to be realised as it does take some months for new BAPs to learn what is required in the role and to get up to speed. However, all clients should be supported with additional sessions while the decision making process is occurring.

For the two years, BAPs have been training Service Coordinators as to how to read and interpret mental injury assessment reports for those reports which are relatively straightforward. This permits Service Coordinators to make decisions without BAP input. For each Service Coordinator the accreditation process takes some weeks because most Service Coordinators do not have a history of working in mental health. The idea behind this is that eventually only those more complex assessment reports will be viewed by BAPs. However, the problem is that there is considerable turnover of Service Coordinators and, it has been difficult to BAPs to accredit more than 50% of the Service Coordinators at any one time.

ACC/NZCCP/NZPsS liaison meeting, 28 March 2017
Issues raised:

1. Referral for Psychological Services
2. Concerns about Case Owners
3. Referral for Complementary Therapies
4. Referral of ISSC clients to Group Therapy
5. Concerns about ACC Pricing Rates
6. Are children and adolescents prioritised within ACC – rehabilitation referrals?
7. Diagnostic Issues and possible impact on employment, insurance and client wellbeing.
8. Speed of Approving Weekly Compensation for Sensitive Claims
9. Recent changes to legislation allowing a few more health practitioners to do things previously restricted to medical practitioners.
10. SCU Timeframes
11. Can Social Workers do family/whanau sessions?
12. Supported Assessment Receipt Acknowledgement
13. Responses to Queries about the New Pain Services Contract
14. Delays in ISSC Supported Assessment due to delays in getting clinical notes. The supported assessment can be disruptive for clients' therapeutic relationship.
15. Lack of Active Liaison Hours for Social Workers under ISSC
16. ACC report Templates
17. Psychometrics and Costs

1. Referral for Psychological Services

Under Psychological Services, a referral is required from ACC. This is outlined in the Psychological Services Service Schedule as detailed below

Client Eligibility for Service

3.1.1. A Client is eligible to receive Psychological Services if the Supplier has received a written referral for Psychological Services from a Case owner for the Client and, if;

3.1.2. The Client has suffered a personal injury as defined in the AC Act which has been accepted as having cover under the AC Act, and may include:

- 3.1.2.1. Mental injury suffered by a person because of physical injuries (MICPI) suffered by the person; or
- 3.1.2.2. Work related mental injury (WRMI) suffered by a person in the circumstances described in section 21B of the AC Act; or
- 3.1.2.3. Mental injury suffered by a person because of treatment injury (MICTI) suffered by the person; and
- 3.1.2.4. The Client's personal injury has resulted in the requirement of Psychological Services to assist with their rehabilitation; or

Providers should be familiar with the Service Schedule for each contract they are working under and it is the supplier's responsibility to ensure that this is the case.

2. Concerns about Case Owners

If a provider has a concern about the attitude of a Case Owner, the provider should contact a Team Leader to discuss the situation

3. Referral for Complementary Therapies

The Sensitive Claims Unit (SCU) is increasingly receiving referrals for complementary therapies such as acupuncture, massage and yoga. It is possible for ACC to fund such therapies if a rationale is clearly outlined and the treatment appears necessary and appropriate. However, in order to provide such therapies, the therapist needs to be an Integrated Services for Sensitive Claims (ISSC) provider. To ensure the safety of clients with sensitive claims, ACC needs to be very careful as to who provides treatment.

The recommendations from the supported assessment for complementary therapies should be part of the Wellbeing Plan which will further explain the benefits of any treatment. The treatment provider would be expected to provide the rationale within the Wellbeing Plan. Ideally the assessor and provider should talk about any recommendation in the Supported Assessment so that there is shared understanding and this can be funded via Active Liaison hours. ACC is looking to developing a more consistent approach with regards to considering requests for complementary therapies.

4. Referral of ISSC clients to Group Therapy

Requests are considered on a case by case basis and should be documented in the client's Wellbeing Plan. If there is already a Wellbeing Plan, this can be updated adding in group therapy and sending it to the Service Coordinator. The turnaround for a Wellbeing Plan or an update is up to five working days. This is assuming the group has already been approved.

If the group has not been approved, the process for group approval is included in the Operational Guidelines

http://www.acc.co.nz/for-providers/integrated-services-for-sensitive-claims/index.htm

Establishing endorsement to run a specific group.

The process for approved Providers for group work wishing to start a group for ISSC clients is:

- Supplier submits a group proposal to Supplier Manager,
- Group proposal is evaluated by the clinical team,
- Approval or feedback is sent to the supplier by the Supplier Manager or clinical team.

The following information should be included in the proposal:

- Objectives and rational for the group including an outline of the content and focus,
- Names of the facilitators,
- Group duration-specific dates,
- Measure for ensuring Client safety,
- An outline of how outcomes will be evaluated.

5. Concerns about ACC Pricing Rates

ACC has a team of pricing analysts who determine pricing for all contracts based on a number of factors, including but not limited to; overhead costs, where the service is provided, mix of urban/rural service delivery, what we pay for similar services across other contracts, and so on. Pricing is reviewed on a regular basis and adjusted when necessary to reflect inflation, changes in the market, changes to service component costs and so on.
As ACC has the contracting relationship with the supplier; it is up to the supplier how much of the service cost they pass onto their provider, as this is not specified by ACC.

It has been raised that Auckland providers are at a disadvantage as they are wasting a lot of time with travel due to congestion and are not eligible for travel when the round trip does not exceed 20kms. ACC will raise this with the pricing team.

6. *Are children and adolescents prioritised within ACC – rehabilitation referrals?*

Yes this is a good question. It should not take months for a rehabilitation referral for children to be sent to a provider. ACC is focusing on identifying needs at an early stage so hopefully referrals will occur at earlier than has previously been the case. Children and adolescents are prioriotised in the Serious Injury teams and also the Sensitive Claims Unit but this is not the case across all case management. It is important that suppliers/providers advocate strongly for children and adolescents in terms of receiving early intervention.

7. *Diagnostic Issues and possible impact on employment, insurance and client wellbeing.*

In general, it is not a mental health diagnosis per se that impacts on employment and insurance. Rather, it is usual to have to indicate on employment or insurance applications whether one has or has suffered from a mental health problem irrespective of whether a diagnosis has been provided. Often on employment applications, a question is asked as to whether a person has a physical or mental disorder/impairment which could impact on their ability to carry out the advertised role.

The AC 2001 legislation indicates that to receive cover a client needs to have a clinically significant behavioural, cognitive or psychological dysfunction which is linked to a Schedule 3 event, workplace traumatic incident or physical injury. The legislation does not specify that a diagnosis is required but, in most cases, if a person has a clinically significant behavioural, cognitive or psychological dysfunction, they meet diagnostic criteria. The other point to highlight is that client reports are not distributed outside of ACC without the client providing permission for this to occur.

8. *Speed of Approving Weekly Compensation for Sensitive Claims*

Determining weekly compensation and loss of potential Earnings can be a complex process especially when events are historical. The time it takes to make a decision can be very dissatisfying for clients and providers supporting them.

A new SCU weekly compensation initiative has enabled Case Owners to make earlier decisions. This situation applies when there has been a recent Schedule 3 event. A provisional mental injury diagnosis of acute stress disorder is assigned so the claim can be accepted while further assessment takes place post-payment commencement. Clients are provided with the expectation that their eligibility for weekly compensation may change as a result of the further assessment but at least they are receiving payments at an early stage. If their claim is not accepted, clients are not expected to reimburse the week compensation earning they have already received. This initiative has reduced the time frame for receiving earning related compensation from months to days. However this work around does not apply to historic claims where there is a question around back dated weekly compensation or loss of potential earnings. These situations require a lot more investigating involving the gathering of historic notes and retrospective medical certificates for sometimes up to 30 years. If there are any questions about these processes they can be discussed with the Case Owner

9. *Recent changes to legislation allowing a few more health practitioners to do things previously restricted to medical practitioners.*

What is not changing under the AC Act is allowing any health professional to certify time off work. The AC 2001 Act stipulates that only medical practitioners and nurse practitioners can certify for time off work – at the current time this will remain. ACC would have to do quite a bit of work to determine whether ACC should allow other health professionals to take on this role. This does not mean that changes will not occur – only that they will take some time

10. *SCU Timeframes*

The SCU timeframes have improved immensely over the last 12 months. Whereas SCU had in excess of 300 reports not being dealt with within the timeframes, this has now been reduced to single figures so there is no longer a backlog

11. *Can Social Workers do family/whanau sessions?*

Social workers can be approved to do family/whanau sessions if they have training in counselling and therapy and are approved as a treatment provider. Again ACC needs to ensure that clients and their family/whanau are receiving services from appropriately qualified and experienced health professionals.

12. Supported Assessment Receipt Acknowledgement

When a report is sent to the sensitive claims reports email address (sensitiveclaimsproviderreports@acc.co.nz) an automated acknowledgement response is sent to the provider. Reports should not be sent to the Service Coordinator (Case Owner). If you are not getting an automated response, please check your junk mail.

13. Responses to Queries about the New Pain Services Contract

The purpose of the Service is to improve clients' outcomes and experience by reducing the impact of pain following an injury. The service will:

1.1.1. Provide high quality, evidence-based support under a biopsychosocial framework.

1.1.2. Deliver outcomes that are tailored to each client's individual needs, taking into account their goals and context, and is supported by a coordinated, multidisciplinary team.

1.1.3. Support clients to develop appropriate and effective self-management strategies and to minimise over-medicalisation and unnecessary intervention.

1.1.4. Adopt a holistic approach, taking into consideration other treatment and rehabilitation services the client may be receiving to ensure an integrated service experience.

1.1.5. Ensure that clients have clear expectations of the service(s), the expected outcomes, and understand the role of the service in their rehabilitation pathway.

Psychological services are part of the core multidisciplinary service. Risk assessment is expected to be undertaken with any psychological assessment. Section Four of the assessment report ACC6272 is a free-text section to allow providers freedom to input relevant assessment information as opposed to being constrained by templates. Recommendations should be tailored to the needs of each individual, with the shared decision making of the multidisciplinary team dictating what the treatment programme looks like.

Please see the response to Issue five regarding pricing because the same applies for the Pain Services contract as it does for the ISSC contract.

14. Delays in ISSC Supported Assessment due to delays in getting clinical notes. The supported assessment can be disruptive for clients' therapeutic relationship.

It is the assessor's call as to whether they think the notes they will be receiving are essential for the assessment. If yes, then it is fine to wait for the notes. Pressure should not be applied to assessors to do assessments before the notes arrive. SCU has been informed that this is a clinical decision. If pressure is being applied to conduct the assessment, please contact one of the BAPs to discuss the situation.

For clients who need more lengthy therapeutic involvement, then a supported assessment is essential in order to comply with the legislation and to determine whether there is a mental injury arising out of sexual abuse. It does require good communication between the assessor and treating provider which is why funding, in the form of active liaison, has been allocated to this. While the situation may not be optimal, everything possible has been considered, in consultation with the sector, to ensure that the process is as safe and smooth as possible for the client.

15. Lack of Active Liaison Hours for Social Workers under ISSC

The time spent by social workers speaking to other providers can come out of their allocated hours. Where the 10 hours specified in the ISSC contract is not adequate for liaison and input, this should be raised with the service co-ordinator (Case Owner) who can look at purchasing social work on another contract for example Training for Independence services.

16. ACC report Templates

Please always download the report templates from the external website as the forms are regularly updated. This has been a consistent message to providers and reports on older forms cannot be accepted.

17. Psychometrics and Costs

ACC expects that providers purchase their own psychometric tools and any associated scoring measures or services. This is much the same as the expectation that doctors will have their own equipment. The only exception would be if ACC mandated the use of a particular psychometric measure.

Summary of the Mental Health Sector Liaison Group Meeting – 29/03/2017.

The Mental Health Sector Liaison Group had their first 2017 meeting on Wednesday 29 March 2017 in Wellington. The meeting was chaired by Kris Fernando (National Manager Psychology and Mental Health – ACC) and members attended included counselling, psychotherapy, psychological and psychiatric professionals from within and outside ACC.

As always, the meeting was productive and insightful and discussion focused on the following topics:

- The group's Terms of Reference were once again reviewed in full again and the following changes were agreed:
    - The group agreed on the value of adding a Child and Adolescent psychotherapist representative and Gill Pow would further investigate this;
    - Meeting protocols now include that the agenda be sent two days prior to the meeting, but reading material and papers to be sent two weeks before the meeting; a quorum of eight members is required for the meeting to proceed (four ACC and four non-ACC members)

- Tinaka Birch led a discussion on ACC's responsibility for the health and Safety of suppliers/providers. This includes the need for Case Owners to identify and actively discuss flags and concerns with Branch Advisory Psychologists, the use of independent assessment locations, out of town assessors and security officers, and the information for handling litigious clients and supporting parties.

- Tinaka Birch and Victoria Smith led a discussion on Residential Care for clients under Integrated Services for Sensitive Claims (ISSC). The importance of psychiatrists knowing the details of residential facilities was stressed as they are required to determine the appropriateness of a particular residential facility for a given client. A recommendation from a psychiatrist is required for consideration of entry to residential care.

- An update was provided on the Mental Injury Training Sessions which noted great attendance and participation in the meetings. A Mental Injury Assessment Document has been produced and Tinaka will investigate ways of incorporating this on the external website in the ISSC location.

- Multiple Trauma and Diagnosis was discussed and there was discussion of whether two PTSDs could co-exist. It was noted that PTSD can consist of symptoms arising from multiple traumas. ACC is currently looking at ways by which clients can achieve cover under different claims for separate traumatic events without providers having to resort to diagnosing multiple PTSDs.

- Assessment delays were discussed most often due to difficulty accessing notes. It was stressed that providers can choose to proceed with assessments if they feel that notes being waited on are unlikely to modify their conclusions but that they should not be pressured to proceed with assessments when they feel that the notes are vital. It was agreed that the Sensitive Claims Unit will be contacted to confirm that continuity sessions will be provided when there are assessment delays.

- Bonnie McLean led a brief overview on policy regarding culturally appropriate provision not equating with current assessment and therapeutic models. Due to time constraints, this was not explored further. It has been flagged for the next meeting which will primarily focus on cultural issues.

The next meeting is scheduled for Wednesday 02 August 2017 in Wellington. It was agreed that the next meeting will focus primarily on cultural aspects and issues

NZCCP

National Education Training Timetable

The NZ College of Clinical Psychologists aims to encourage and facilitate continuing education opportunities for members, by providing nationally coordinated events to a high standard. Our goal is to coordinate training opportunities between branches with the goal of facilitating training in all regions. Please **consult the College website** for further information and links (http://www.nzccp.co.nz/events/event-calendar/)

TRAINING TIMETABLE

NZCCP Events

LOCATION	MONTH	PRESENTER/ CONTENT
Queenstown	27-28 July	**NZCCP 2017 Pre-Conference workshop with Matthew Berry**
Queenstown	29-30 July	**NZCCP 2017 Conference**

Other Events

LOCATION	MONTH	PRESENTER/ CONTENT
Wellington	9 May	The Nature and Treatment of Anxiety in Youth
Auckland	18-20 May	NZCCA Conference
Auckland	8 May	Understanding Sleep and Sleep Problems
Wellington	9 May	The Nature and Treatment of Anxiety in Youth
Napier	11-12 May	Modern Therapy Approaches for Narcissistic Personality Disorder
Auckland	19 May	Families & Immigration: Therapeutic Considerations
Wellington	23 May	ACT Aotearoa Study Day
Auckland	29-30 May	An Introduction to Cognitive Analytic Therapy
Wellington	15-16 June	An Introduction to Cognitive Analytic Therapy
Hamilton	19-21 June	Level 1 Schema Therapy Workshop
Auckland	22 June	Introduction to Motivational Interviewing and its integration with CBT
Palmerston North	3-5 August	The Health Psychology Un-Conference 2017
Auckland	17 August	Managing Medication Issues that Matter – Clinical Pharmacology for Clinical Psychologists
Christchurch	21-23 September	Brainspotting Training
Christchurch	22 September	1-day Intermediate Motivational Interviewing Workshop
Wellington	10 October	How to do Family Therapy Really, Really Well

Leah is a Sydney-based doctoral-level clinical psychologist with 22 years of clinical and teaching expertise in CBT and traumatology

2017 Trauma Education

presented by Dr Leah Giarratano

Two highly regarded CPD activities for all mental health professionals: 14 hours for each activity
These workshops are endorsed by the, AASW, ACA and ACMHN

Clinical skills for treating posttraumatic stress disorder (Treating PTSD)

This two-day (8:30am-4:30pm) program presents a highly practical and interactive workshop (case-based) for treating traumatised clients; the content is applicable to both adult and adolescent populations. The techniques are cognitive behavioural, evidence-based, and will be immediately useful and effective for your clinical practice. The emphasis is upon imparting immediately practical skills and up-to-date research in this area.

11-12 May 2017, Brisbane CBD
18-19 May 2017, Melbourne CBD
25-26 May 2017, Sydney CBD
8-9 June 2017, Adelaide CBD
15-16 June 2017, Perth CBD
22-23 June 2017, Wellington CBD
2-3 November 2017, Brisbane CBD
9-10 November 2017, Sydney CBD
23-24 November 2017, Melbourne CBD

Clinical skills for treating complex trauma (Treating Complex Trauma)

This two-day (8:30am-4:30pm) program focuses upon phase-based treatment for adult survivors of child abuse and neglect. In order to attend, participants must have first completed the 'Treating PTSD' program. The workshop completes Leah's four-day trauma-focused training. The content is applicable to both adult and adolescent populations. The program incorporates practical, current experiential techniques showing promising results with this population; techniques are drawn from EFTT, Metacognitive Therapy, Schema Therapy, attachment pathology treatment, ACT, CBT, and DBT.

13-14 July 2017, Brisbane CBD
20-21 July 2017, Melbourne CBD
27-28 July 2017, Sydney CBD
3-4 August 2017, Wellington CBD
19-20 October 2017, Perth CBD
26-27 October 2017, Adelaide CBD
16-17 November 2017, Sydney CBD
30 Nov -1 Dec 2017, Melbourne CBD

Program Fee for each activity is in Australian Dollars (AUD). Valid for NZ residents only

$550 AUD each if you register to Wellington more than six months prior using this form
$615 AUD or $550 each if you register to both (or with a colleague) more than three months prior using this form
$680 AUD or $615 each if you register to both (or with a colleague) less than three months prior using this form
Program fee includes program materials, lunches, morning and afternoon teas on each workshop day

Please direct your enquiries to Joshua George on: **mail@talominbooks.com**

For more details about these offerings and books by Leah Giarratano refer to www.talominbooks.com

2017 Trauma Education Registration Form for NZCCP

Please circle the workshop/s you wish to attend above and return a scanned copy of this completed page

Name:		
Address:		
Phone:	Email (*essential*):	
Mobile:	Special dietary requirements:	
Method of payment (circle one)	Visa MasterCard	
Name of cardholder:		Expiry Date:
Card Number:		Card Verification Number:
Signature of card holder:		Debit amount in Australian Dollars: $

Credit card payment is preferred. Simply complete the information above, scan and email this page mail@talominbooks.com
A receipt will be emailed to you upon processing. Note: Attendee withdrawals and transfers attract a processing fee of $55 AUD.
No withdrawals are permitted in the seven days prior to the workshop; however positions are transferable to anyone you nominate

Clinical Psychologists Needed in Northland

Five reasons why you should consider a move to Northland . . .

- **Beautiful environment** – live close to gorgeous bush and beautiful beaches
- **Good weather** – as north as it gets in NZ and that means it's warm
- **Affordable housing** – you get more house and land for your money
- **Relaxed lifestyle** – we actually have weekends and there's plenty of space
- **Great people** – a multicultural and innovative population with a strong sense of community

Northland DHB is focused on increasing access to psychological services for our population. We have a number of excellent opportunities for clinical psychologists. Consider joining our growing group of enthusiastic and capable psychologists who are based in teams across our region. We offer a supportive multicultural and multidisciplinary environment in which you can continue to develop your career in one of the most beautiful parts of New Zealand.

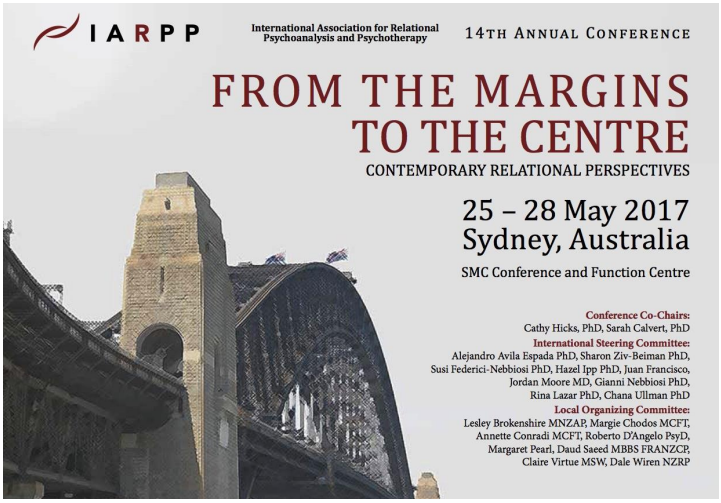
Psychology positions are currently available in the following areas:

- Community Adult Mental Health and Addiction Teams
- Kaupapa Maori Adult Mental Health and Addiction Team
- Inpatient Adult Mental Health and Addiction Team
- Children's Team
- Oncology Team
- Acute Stroke Ward

We are seeking psychologists with relevant experience, who have a high level of clinical skill and work effectively in team environments.

If you are interested in finding out more, including the possibility of relocation support, please contact our Psychology Professional Advisor: Odette Miller at Odette.Miller@northlanddhb.org.nz or phone 021471121

CLASSIFIED



IARPP New Zealand is very pleased to announce the full program for the **2017 IARPP Conference in Sydney.** The conference program is incredibly rich and diverse and includes both local and international speakers.

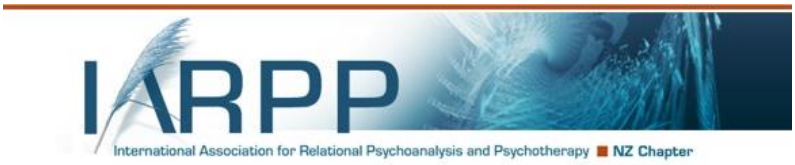
Look at the program by clicking the following link: FULL PROGRAM

Registration will open at the end of January on the conference website http://www.iarppsydney2017.com/registration

All the presentation details and abstracts will soon be available for viewing on the website – click the "Program" tab on the website www.iarppsydney2017.com and then click on each event to read more about it.

This Conference is an accessible conference for New Zealand professionals and features New Zealand presenters and Sydney is an exciting and interesting city to visit. The diversity of presentations and the availability of Continuing Education Credit information make it valuable for all those working in the general areas of counselling, psychotherapy, psychology, human resources and those who work with disadvantaged populations or social services.

For more information contact Sarah Calvert, Conference Co-Chair.
calverts@iconz.co.nz



Northland Psychological Services is seeking to contract services of registered psychologists (or other appropriately qualified mental health professionals) to provide therapy, assessments, and reports for clients of the ACC Integrated Services for Sensitive Claims who live between Kawakawa and Cape Reinga. Hours and days of work are very flexible and one could commute from Whangarei or Auckland. Referrals will come from Northland Psychological Services, ACC, or directly from clients, G.P.s, or any referring agency. Remuneration is excellent. Applicants should have experience in providing services for individuals who have had unwanted sexual experience. Previous work for ACC is desirable but not essential. Interested professionals should forward a C.V. To maryfol@hotmail.com