



# ShrinkRAP

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

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## **Takē Kōanga, whakapiri Ngahuru**

*Absent at planting time, close by at harvest*

(This refers to people who disappear during the hard work of planting in spring, but show up when food is abundant at the autumn harvest.)

## **Australian Clinical Psychology Association and NZ College of Clinical Psychologists joint CONFERENCE 2014**

**Ehara taku toa i te toa takitahi, engari he toa takitini ke**  
**My strength does not come from me alone but also from others**

**\*\*\*CALL FOR SUBMISSIONS\*\*\***

***URGENT: DEADLINE LOOMING - 30 NOVEMBER!!***

***Please see below for more information about how to make your  
submission.***

### **Professional vs Public Indemnity**

In recent weeks the National Office has received a number of queries as to whether the Medical Protection Society (MPS) provides public liability. This seems to have arisen from requests from a couple of the bigger employers who are now insisting on evidence of professional and public indemnity from their contracted practitioners. Unofficial enquiries have ascertained that these employers have recently exempted private contractors from their public liability scheme and consequently require anyone of that group who are providing services on site to hold their own public liability.

So to clarify the situation for those of you in this position, MPS

(<http://www.medicalprotection.org/newzealand/>) provides professional indemnity which entitles you to medico-legal advice and assistance with any matter which arises from

your practice of Clinical Psychology. The Medical Assurance Society (<https://mas.co.nz/Home>) offers insurance to help you manage the risks associated with owning and managing a business, including legal liability cover which "covers you against legal liability to pay for accidental bodily injury and/or accidental damage to property owned by other parties in connection with your business".

### **Update on prescribing rights for clinical psychologists**

The current draft of the proposal for consultation, which incorporates some positive and helpful advice received at a meeting with the Ministry of Health Director of Mental Health, Dr John Crawshaw, will shortly be sent to the Colleges of Psychiatrists, General Practitioners and Mental Health Nurses for comment and

feedback. Once this process is complete and the document has been updated as necessary it will then be circulated to a broad and comprehensive stakeholder group.

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### Student allowance cuts

A survey of Year 3 and Honours Psychology students from all around the country next was conducted recently in which 556 students took part. The goal was to gauge how many knew about the changes that would impact on them if they were planning to embark on post graduate study (76%) and, more importantly, how many would be affected by these changes (55%). NZCCP student representative, Josh Faulkner, further extrapolated data by ethnic groups and found that of the 82% of Maori students who were planning to enter post graduate study 68% of these would be affected by the changes. Josh is currently drafting a hard hitting report which will incorporate the results of both surveys and emphasise the potential mental health outcomes for the public if the restrictions to the student allowances are not reversed. The report will be circulated to the professional and training communities as well as to key government people and other stakeholders.

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### NZCCP Membership News

At the National Executive meetings since the Winter ShrinkRAP was sent out, the following people have been approved and accepted as

#### Full Members of the College:

Natalie Blackmore, Canterbury  
Cecilia Bourke, Christchurch  
Bev George, Auckland  
Pramila Lala, Auckland  
Katharine McLoughlin, Auckland  
Simon Panckhurst, Canterbury  
Christine Slater, Auckland  
Rebecca Wirihihana, Auckland  
Helene Zdrenka, Dunedin

As a Full Member each may now use the acronym MNZCCP.

The following people have been approved as

#### Associate Members of the College:

Uvonne Callan-Bartkiw, Auckland  
Esma Duncan, Christchurch  
Emily Macleod, Dunedin  
Angus Maxwell, Auckland  
Sara Moshenrose, Lower Hutt  
Lucia Munoz Larroa, Wellington

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

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### Other membership news

College member, Tina Earl, has recently left her position as the psychology professional leader for Waitemata DHB, where she was involved with service planning and development for therapies in mental health and addictions, to join Te Pou as the Clinical/project lead psychological therapies.



Tina will be heading up the team set up to develop and advance initiatives to implement psychological or 'talking' therapies across primary and secondary health sectors, nationally. This will be implemented over the next two years with the focus on enabling:

- equitable access to therapy
- efficient therapy delivery using a stepped-care pathway
- best practice through use of evidence based therapies
- delivery by well-trained and supervised clinicians, to optimise workforce skill mix
- achievement of effective outcomes through evaluation.

Tina says that "opportunities to offer information is going to be important, as well collaboration and co-ordination of resources nationally around psychological therapies".

She will continue to work closely on projects with both primary and secondary health sectors, and national networks to support psychological therapies.

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### Summary of the Psychology Profession Advisory Forum (PPAF) meeting, 21 August, 2013

Representatives of the New Zealand Psychologists Board, the New Zealand College of Clinical Psychologists, the New Zealand Psychological Society, the university HoDs and training Programme Directors attended this half-day meeting in Wellington.

### *Updates re each organisation's cultural competence activities*

The Society were represented at the 5th International Congress on Licensure, Certification and Credentialing in Psychology in Stockholm by National Standing Committee on Bicultural Issues (NSCBI) members Rose Black and Moana Waitoki. Jhan Gavala, Anne Goodhead, and Steve Osborne represented the Psychologists Board at the Congress, and reported that cultural competence was kept to the fore by all participants.

### *Student Allowance Survey*

The NZCCP had 132 valid responses to their recent survey of psychology students. Their qualitative data will be published soon, and the quantitative data will be summarised as well. The information will then be sent to the media and supportive MPs. In brief, the survey results (so far) suggest that most students will be affected by the loss of the student allowance. Ninety-two percent of responders are not currently receiving the allowance, compared to last year when only twenty-eight percent were not. Students noted that they were experiencing significant stress and were having to take on more paid work, and some said that they may not be able to stay in the training programme. The HoDs are concerned that Māori and Pasifika students may be disproportionately impacted. The College intend to survey Year 3 and Honours students from all around the country next.

### *Internships*

The process seems to have stalled, although HWNZ have continued to show interest. The proposals currently sit with the DHB Psychology Leaders for feedback. After some discussion as to how the process could be re-energised, it was agreed to leave the matter for the Psychology Workforce Group to pursue.

### *Meeting with NSCBI*

Ray Nairn (a member since its inception in 1991) from the NZPsS National Standing Committee on Bicultural Issues met with PPAF attendees to outline the NSCBI's work and goals. He provided a brief overview of their history of development, noting that they celebrated their 20<sup>th</sup> anniversary in 2011. Originally established as an advisor to the Society's Executive, the NSCBI has also always had its own responsibilities and has grown into its current educational and think-

tank roles. Ray gave the example of NSCBI's involvement with New Zealand's Code of Ethics project. It was decided early on to use the ground-breaking Canadian Code as our base, but NSCBI analysed it and found that it sat squarely in the western world view (i.e., it focussed on the autonomous individual). The New Zealand Code needed to include the Māori world view (with an emphasis on the collective "peoples").

Ray also noted that in the early days the NSCBI had just one Māori psychologist amongst its members. They needed to have open, inclusive meetings ("casual Marae" style) in order to broaden their reach. They formalised this style of meetings in 2005. It is hoped that there will eventually be a free-standing organisation of Māori psychologists, which will then be NZPsS's Treaty partner.

Key areas of focus outlined in the NSCBI Strategic Plan for 2011-2016 are to:

- Increase and support Māori participation and development in all areas of psychology.
- Support the recognition and development of psychologies relevant and applicable to Aotearoa.
- Promote bicultural accountability and responsibility within psychology.

The NSCBI also have served as consultants to the Australian Psychological Society's reconciliation efforts. APS have now established the Australian Indigenous Psychologists Association. There is still not a large number of indigenous psychologists in Australia however, so there are not many folk to share the workload of this new body.

### *NZCCP report*

- NZCCP members took part in an Australasia-wide survey of associations. They had a high rate of participation and came out as having the second-highest rating for satisfaction.
- Conference plans are underway for 2014 (April 10 – 14, Christchurch, Chateau on the Park). This will be a joint meeting with the Australian Clinical Psychologists Association.
- A few enquiries have been made about Cloud-based file storage. It was noted that the Board's Best Practice Guideline on File Retention is silent on this issue, and NZCCP members would appreciate some policy guidance. It was noted that, ultimately, it is each psychologist's responsibility to keep their files secure. Cloud-based storage has a number of

possible vulnerabilities, including accessibility by security agencies and the possibility of information being on-sold. Much more research is needed to inform any policy statement. The Board will explore this matter further.

- NZCCP issued a press release re Sovereign Insurance's article on the large amount of money spent on talking therapies. The College stressed just how valuable talk therapies are. Although Sovereign were sceptical in their first releases, they were more supportive when they appeared on radio after the NZCCP item had been picked up.
- The College was recently represented by Elliot Bell and Deb Moore at APA's major (Division 55) meetings in Hawaii. Both Elliot and Deb made presentations.

#### *NZPB Complaints Processes*

Communications from two NZCCP members (one of whom is also an NZPsS member) raising concerns about the Board's complaints processes were summarised. Steve outlined the legal and procedural constraints the Board operates under in their processing of complaints, and noted his desire to make the Board's processes as fair and non-intrusive as possible within these bounds. He reiterated his wish that the collegial bodies would develop formal support systems for practitioners undergoing complaint, competence, and/or fitness processes. Peter commented that psychologists facing a complaint felt that they were often facing double or triple jeopardy (i.e. 2 or 3 'juries') as a single complaint was often considered consecutively by the Family Court, the Disability Commissioner, (sometimes) the Privacy Commissioner, and finally by the Board.

#### *NZPsS report*

- In 2014 the Society's annual conference will be held in Nelson (August 29 – September 1).
- The Society made a submission to the Ministry of Education re the teaching of psychology in NZ high schools. There is concern that psychology is not an NCEA Level 2 subject. Apparently very few high schools teach psychology as it doesn't count toward university entrance.
- The NZPsS Institute of Educational and Developmental Psychology made a submission to the Ministry of Education re support for students (exam takers) with reading and/or writing problems. NZQA run a support service, but a

student must first convince them they need support. This is hard for rural and low-decile students, as they cannot access the necessary assessments/assessors (e.g., psychologists). There appear to be large gaps in the system.

- Educational Psychology. Peter talked about the ongoing problems in educational psychology (e.g. the unaddressed 'long tail' of underachievement' in NZ schools) and was appreciative of the support comments and suggestions in the Board's June Newsletter about threats to their professionalism. This matter will be taken up by the Psychology Workforce Group.
- The latest edition of the Journal is now out.
- The new column on ethical issues (in the online edition of "Connections") has been well received.
- They have been conducting Branch visits. Some branches are consistently active, while others are quite variable. Many are trying to attract students.
- The presentation of their major three awards is coming up (at the annual conference).
- Family Court issues: A Bill to implement the proposed changes to the Family Court is now in parliament. It is apparently not consistent with expert reference group input. There will be a requirement for couples to undertake (expensive) dispute resolution first. Many will not be able to afford this, even if subsidised. The new processes also seem to be unfriendly to children, and the proposals are lacking reference to children's wishes and best interests. Basically the process will send family disputes into the commercial sector.

*Recognising the breadth of psychology* – It was noted that members have raised concerns that students are graduating and registering under the general scope but then are not being recognised by employers and "statutory bodies". They subsequently feel as if they are not 'proper psychologists'. They are handicapped in their job prospects, despite being able to work within scope. Steve noted the history of the Board's efforts to ameliorate this problem. He reminded everyone that there has always been a 50:50 split in the profession about scopes of practice. The Society's concerns were noted, as was the need for us all to better educate the public. The Board will once again remind

key employers of its policy statement re the purpose of scopes.

*HoDs and PDs reported that:*

- Internships remain a concern for the HoDs. There is concern that funding cut backs may squeeze students out.
- There is a move in some universities toward 180-point Masters degrees. The push is coming from above, but psychology departments seem to be opting out. The Board, however, has heard from some universities that they may not be able to opt out, and so alternate solutions may be needed.
- Departments are setting their budgets soon, in an atmosphere that is not ideal.
- PBRF outcomes show psychology departments are very strong.
- VUW have seen some improvements in recent years re the number and success of Māori students. This has not been the case with Pasifika students yet. It may be that there has been too singular a focus on other groups. On the good news side, psychology is one area of higher success for these students.

*The Board reported that:*

- Anne Goodhead, Jhan Gavala, and Steve Osborne's reports from the 5th International Congress on Licensure, Certification, and Credentialing in Psychology were available.
- Anne Goodhead and Steve Osborne attended the 3rd International Congress on Professional and Occupational Regulation (CLEAR) in Edinburgh in June.
- The Board were limited in what they could report back at this time re the Ministry's proposals for a single, shared secretariat, as things are still unsettled. The feedback received in response to the Board's survey was overwhelmingly supportive of a shared business unit (Synergies model) and/or (to a lesser degree) the status quo. Only one respondent supported the Shared Services Organisation proposal. The Board have started working with like-minded RAs to progress a shared business unit.
- The (draft) best practice guidelines on *Maintaining Professionalism While Using Social Media* would be further considered by the Board later in the week. If the Board agreed, the document would then be published as final.

The next PPAF meeting will be held on 19 November.

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**ACC/ NZPsS / NZCCP liaison meeting, 28 August**

*ACC's position on a DSM diagnosis*

There is no insistence that DSM-IV/5 is used as a diagnostic tool, as ACC is flexible about the tool used and there are several options which include (but are not limited to) the Psychodynamic Diagnostic Manual, ICD-10 and DC-0-3R tool for very young children. The practitioner needs to be able to determine whether there is a mental injury, which is defined as a "clinically significant behavioural, cognitive or psychological dysfunction." The sexual abuse/physical injury/workplace traumatic injury needs to be a substantial (material) cause of the mental injury.

*ACC's current position on sharing a copy of the client's assessment report with the client*

ACC expects assessors to send the report to the Case Owner who will confirm its completeness, seek additional information when required and will take responsibility for releasing the report to the client. There may be situations where the report is not released such as when the client does not want a copy or that reading the report would constitute an unacceptable risk in terms of client safety. There can be variations such as ensuring that the assessor/provider discusses the report with the client/parent/guardian in a safe environment before releasing it. This means that the client/parent/guardian is able to ask questions and gain a better understanding of what the contents of the report mean. It is fine for clients to read their assessment reports before they are sent to ACC as this helps to ensure that the information in the report is factually accurate from both the client's and provider's perspective.

*Retention of client documentation*

The question of whether providers should retain copies of client information sent to them via ACC when reports have been completed, including the background information used in reports, should be addressed by the New Zealand Psychologist's

Board rather than ACC and ACC will seek clarification from the Board.

*Pricing/funding issues included*

- a nominal fee to cover administration cost, time and effort for clients who choose to discontinue,
- the discrepancy between 'did not attend' (DNA) payments for psychiatry and psychology services,
- fees for the time spent liaising with IART assessors,
- a case by case negotiation for the payment of preparation work involved for clients who do not attend DATA or IART assessment,
- the differential between ACC and other agencies in payment for clients with complex, high needs where significant liaison work is required,
- having payments honoured easily i.e. not being handed between the Provider Helpline and Case Manager,
- rate anomalies - psychologists providing treatment for sensitive claims clients versus clients with a mental injury following physical injury.

ACC is currently conducting a full and thorough analysis of pricing as part of the Sensitive Claims service redesign. These questions, comments and feedback will be provided to the pricing team and ACC will seek the input and feedback of professional bodies and sector representatives about pricing prior to making any decisions. ACC is also exploring pricing for items like client feedback sessions as part of the new Sensitive Claims service contract. In the new service's design, a feedback session between an assessor and client is likely to be timed before an assessment report is submitted to ACC. It is possible that others may be involved in the session, such as the client's therapist, family and whanau. This will ensure there are no surprises for the client and the client has had an opportunity to ensure that the information in the report is accurate.

*New Sensitive Claims contracts*

ACC is still in the design phase for the new sensitive claims contracts so it's too early to provide a list of detailed changes for providers, however ACC can confirm the following:

- The new contract will aim to increase the coverage across NZ for providers of sensitive claims services

- ACC want their providers to collaborate, build relationships and partner with each other. This is so that if a client needs to see a different provider (for a mental injury assessment for example), the experience is easy, supportive, and safe. It is also respectful of established therapeutic alliances.
- The new service will enable early identification of client needs – getting clients where they need to go sooner.

ACC is continuing to consult test and validate the new service and contracts with representatives from a range of professional bodies, clients and sector representatives and from October this year, providers can expect more information about the service design. This will be published in the ACC stakeholder update email, and on the web pages.

*Additional information about the planned changes*

The new contracts will have a revised pricing structure that takes into account administration and active liaison and any other additional work as appropriate.

The scope is limited to Sensitive Claims services and providers will need to be able to demonstrate collaboration and show strong linkages with other service providers.

Over the coming months, ACC will increase the frequency of communication to providers about the changes and will continue to invite feedback until early next year before the Expression of Interest.

For more information about the changes, see the ACC website <http://www.acc.co.nz/for-providers/sensitive-claims-service-redesign/WPC118245>, or to provide feedback about the redesign you can speak to your professional body or member of the Sensitive Claims Advisory Group (SCAG) whose names are published in the Sensitive Claims service redesign stakeholder update out 10 September. Alternatively send an email to [specialisedtreatment@acc.co.nz](mailto:specialisedtreatment@acc.co.nz) or call Sarah Hutchings on (04) 816 7097.

It seems there are some psychologists with long standing ACC contracts are no longer receiving referrals in favour of larger companies with less experienced staff. ACC asked that they are informed about this when it happens and undertook to follow up with the Sensitive Claims Unit to identify a process for providers to signal when they are not receiving referrals. They noted that while they cannot guarantee who will get referrals,

they have no intention of treating providers preferentially. As part of the Sensitive Claims service redesign, ACC aims to offer clients a range of providers to choose from (where they can) and if the client has specific needs, they want to offer a choice of providers who can meet these needs. In addition ACC is aware that improvements could be made to broaden service coverage in areas of sensitive claims and would rather have more than less providers in order to improve service coverage. This is particularly so in areas where there are known shortages, for example Maori, child and adolescent, and people with intellectual disabilities.

*Communications with Branch Advisor Psychologists (BAPs).*

ACC recognise there are delays in their communication with BAPs and they expect the new service design will help to alleviate these delays. Opportunities to improve the timely flow of information between case

manager, BAP and provider are being explored as part of the redesign process and ACC have undertaken to ask all BAPs to check/include their name and contact details on all communications to providers.

Finally, ACC acknowledged that there is a shortage of psychiatrists (at least in Wellington) which has a number of impacts to the psychologist and client and there is an initiative underway within ACC to explore whether they can recruit psychiatric (among other) services from DHBs. ACC is also planning to recruit a psychiatrist into the BAP team. One area of the service redesign is focusing on easier communication flows between providers to ensure the process is easy, supportive and safe for the client.

The next meeting will be at the NZPSS office in Wellington on Wednesday 13 November at 9.30am.

# ACPA

THE AUSTRALIAN  
CLINICAL PSYCHOLOGY  
ASSOCIATION



## NZCCP

The New Zealand College  
of Clinical Psychologists

Te Whare Wānanga o te Mātauranga Hinengaro

## ACPA and NZCCP joint CONFERENCE 2014

*Ehara taku toa i te toa  
takitahi, engari he toa  
takitini ke*

My strength does not come  
from me alone but also from  
others

**12 - 13 April**

**Chateau on the Park, Christchurch**



***Pre-conference workshop: 10-11 April:*** Introduction to Compassion Focused Therapy: Working with shame and self-criticism, Chris Irons

***Pre-conference student workshop: 11 April:*** Keeping mind in mind – practical use of the mentalising stance, Robert Green

***Post-conference workshop: 14 April:*** Brief Interventions for Radical Change: Principles and Practice of Focused Acceptance and Commitment Therapy, Kirk Strosahl and Patti Robinson





## ACPA and NZCCP Joint Conference 2014

My strength does not come from me alone but also from others  
Ehara taku toa i te toa takitahi, engari he toa takitini ke

### Call for Papers, Workshops and Posters

NZCCP 25th Annual Conference

12-13 April 2014, Chateau on the Park, Christchurch



**NZCCP**  
The New Zealand College  
of Clinical Psychologists

Te Whare Wānanga o te Mātauranga Hinengaro

### Submissions invited

We welcome submissions of oral presentations, workshops and posters on any topic relevant to clinical psychology for the joint ACPA and NZCCP 2014 Annual Conference.

**Oral presentations** reporting on research relevant to clinical psychology and presentations from experienced clinicians that reflect on aspects of clinical psychology practice are most welcome.

Submissions are also sought for two hour **in-conference workshops** on topics relevant to clinical psychologists that are practical, evidenced based and represent best practice

Submissions are also sought for **posters** that will be available for viewing by attendees throughout the conference. Posters should be approximately 115cm wide and 85cm high.

### Information About Submission of Abstracts for Papers and Posters

**Deadline for Abstract Submission:** 30 November 2013

**Submit Abstracts to:** Caroline Greig, office@nzccp.co.nz or online at  
<http://www.nzccp.co.nz/events/conferences/acpa-and-nzccp-joint-conference-2014/submit-an-abstract-for-paper-or-poster-presentation/>

*You will be notified regarding acceptance within 6 weeks from the deadline.*

### Please include the following information:

1. Name of the Communicating Author
2. E mail and postal address
3. Title of the Paper/paper/workshop
4. Names of All Authors
5. A brief note of affiliation (eg, Dept of Psychology, University of Auckland) for the authors.
6. Abstract (see abstract information below)

### Abstract submission information

Abstracts will appear in the programme exactly as they are provided.

Format: double-spaced, in Times New Roman, 11pt, and preferably in Microsoft Word.

- *Research empirical papers* to include background, aims, methods, results and conclusions. Theoretical or professional topics should include background, aims, main contributions and conclusions. 250 word maximum.
- *Practical workshops* can be on any professional area with a time allocation of 2 hours. Abstracts to include background, aims, methods and learning objectives. 500 word maximum.
- *Poster* abstracts to include background, aims, methods, results and conclusions. Theoretical or professional topics should include background, aims, main contributions and conclusions. 250 word maximum.

Facility for PowerPoint presentations will be provided at the conference. **Please notify the NZCCP office when you submit your abstract if you require other audio/visual equipment.**

All presenters are required to register for the conference.

At least one author of a poster is required to register for the conference.

### Calling all students!!! Student Awards

NZCCP student members are invited to enter submissions for consideration for two student awards for Outstanding Student Presentations: The John Dugdale Award for an oral presentation and the Olina Carter Award for a poster presentation. These awards involve a cash prize. If you are a Student Member and wish your Paper/Poster considered for these awards please note this when you submit your abstract, and state the university programme with which you are a student.

# *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/>)

## TRAINING TIMETABLE

### NZCCP Events

| LOCATION     | MONTH            | PRESENTER/ CONTENT   |
|--------------|------------------|--|
| Dunedin      | 21 November      | Role of Environmental Light in sleep and health                                  |
| Christchurch | 22 November      | Sex Therapy  |
| Nelson       | Mid February     | Janet Carter/ Interpersonal Therapy Workshop (two days)                          |
| Nelson       | Mid March        | Tony Morrison/ Assessing Outcomes, using OQ45 with adults and children (one day) |
| Christchurch | 10-14 April 2014 | <a href="#">ACPA/NZCCP joint Conference</a> and associated workshops             |

### Other Events

| LOCATION   | MONTH          | PRESENTER/ CONTENT  |
|------------|----------------|---|
| Wellington | 14-15 November | <a href="#">AnzaCBT conference</a>                                    |
| Auckland   | 21-22 November | <a href="#">Sexual Therapy Courses</a>                                |
| Wellington | 27-28 January  | <a href="#">Dr Russ Harris/ACT: The Art of Mindfulness</a>            |
| Auckland   | 30-31 January  | <a href="#">Dr Russ Harris/ACT: The Art of Mindfulness</a>            |
| Dunedin    | 20-23 March    | <a href="#">39th Annual Scientific Meeting of the NZ Pain Society</a> |

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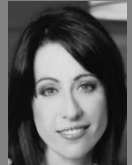
## CLASSIFIED

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Leah is an Australian doctoral-level clinical psychologist with 18 years of clinical and teaching expertise in CBT and traumatology

# Treating PTSD

**26-27 June 2014, Auckland CBD**  
presented by Dr Leah Giarratano



**Limited Positions. Register Early.**

**A CPD/ CPE activity for mental health professionals**

**Auckland registration closes on 23/6/14**

### Clinical skills for treating posttraumatic stress disorder

This two-day (9am-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. Techniques are cognitive behavioural, evidence-based, and will be immediately useful and effective for your clinical practice. The emphasis is upon imparting practical skills and up-to-date research in this area. The program is intended for all mental health professionals.

#### Day one topics include:

- Treatment maps and planning strategies
- Psychoeducation and motivation tips
- Analysing and targeting dysfunctional behaviours (e.g., substance abuse, self-harm)
- Arousal reduction strategies (including breathing retraining, grounding and distraction tasks)
- An introduction to anger management
- Self care for mental health professionals

#### Day Two topics include:

- In vivo exposure therapy (reducing avoidance behaviours)
- The fundamentals of exposure therapy for traumatic memories (prolonged imaginal exposure)
- Cognitive challenging of negative self-statements related to the traumatic event
- Contraindications and complex case issues

**This program is offered in Brisbane, Melbourne & Sydney in November 2013 at a reduced rate of \$500 AUD if you travel. Refer to our flyer on NZCCP website under events. Other information about this training & books by Leah is available at [www.talominbooks.com](http://www.talominbooks.com)**

**Auckland 2014 program fee in Australian Dollars**  
+ Super Early Bird: \$550 using this form by 31/12/13

Please note you can save \$50 (each) when you register with a colleague by fax (faxes must arrive together)

The most convenient way to pay in Australian Dollars is with a Visa or Master Card at our website. Cheques must be in Australian Dollars and issued by a bank.

Please direct your enquiries to Joshua George on (0061 2) 9823 3374. Email: [mail@talominbooks.com](mailto:mail@talominbooks.com)

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# ACCEPTANCE & COMMITMENT THERAPY

The Art of Mindfulness

## Dr Russ Harris is now running workshops in:

Wellington: Jan 27-28, 2014

Auckland: Jan 30-31, 2014

To register, visit:

[www.actmindfully.com.au/auckland](http://www.actmindfully.com.au/auckland)

[www.actmindfully.com.au/wellington](http://www.actmindfully.com.au/wellington)

**Over 14,000 Australian therapists  
have attended Russ's workshops!**

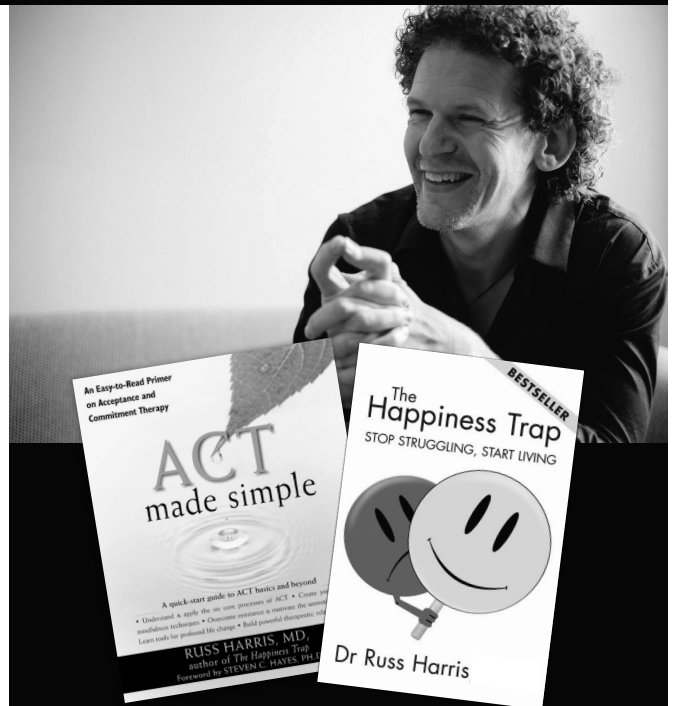
The aim of ACT is to create a rich, full and meaningful life, through mindfulness and values-guided action. Do you like the idea of:

- **Mindfulness without meditation**
- **Motivation without coercion**
- **Symptom reduction without trying**
- **Meaning, fulfillment and vitality –  
for both clients and therapists**

If so, come to one of our workshops! Numerous published studies show good results for ACT with depression, OCD, GAD, social anxiety disorder, addictions, chronic pain, schizophrenia, and many other conditions.

The introductory workshop includes a vast range of free resources including:

A copy of Russ's book, *The Happiness Trap*  
A copy of Russ's CD, *Mindfulness Skills: Volume 1*  
A brand new 3-month e-course to get you started:  
'Dipping Your Toes Into ACT'  
Numerous training videos, MP3s, PDFs, handouts,  
worksheets, and much more!



Dr Russ Harris, internationally-acclaimed ACT trainer, is the author of the world's best-selling ACT book, *The Happiness Trap*, as well as seven others, including *ACT Made Simple* and *The Reality Slap*.

*'Russ Harris is brilliant in his ability to present complex clinical ideas in an accessible way. He has put in the years to understand the ACT model deeply, to apply and extend it with integrity ... and brought his clinical creativity to new methods and new ways of getting to the heart of these issues with clients.'*

– Steven C. Hayes, creator of ACT

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