ShrinkRAP

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

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Tangi ana te reo a te Pīpīwharauroa, kūi, kūi, whiti whiti ora!
Harken the call of the Shining Cuckoo that signals spring has arrived.

2017 NZCCP Conference

Planning is going well for the 2017 conference, ***He Mahi Matatini te Mahi: Working with Complexity, Clinical Psychology in the Digital Age***, scheduled for 29 & 30 July at Rydges in Queentown. Matthew Berry has been engaged for a 2 day preconference workshop, entitled *Co-existing Problems in the 21st Century/Digital Age,* and will also deliver a keynote address, *When therapists get stuck.*

Watch this space for the call for papers and the flyer which is currently in production.

Strategic Work

The College continues organise and attend the Psychology Workforce Taskforce meetings, the fifth of is on 22 November. This group, chaired by Director of Mental Health, Dr John Crawshaw, and attended by representatives from across the profession, has been set up to focus on developing a strategic direction for the psychology workforce and to develop a strategy to enhance the contribution of psychology to the health sector.

Current pieces of work coming out of the meetings include

- developing "pithy statements" to provide important background reading for understanding the workforce**.**
- providing a summary of the current psychology workforce data
- gathering information from key informants about current and projected workforce gaps
- developing a pipeline to identify workforce constrictions, including internships

Work also continues with the College's **Strategic Planning Focus** areas.

The group working on building the profile of the profession is meeting monthly and is currently developing a set of core messages that best describe clinical psychology and clinical psychologists.

The leadership group has set up a mechanism for the ongoing publication of profiles of College members in leadership. A review of e-learning options was published in the June Journal NZCCP and future training mentoring possibilities are being explored.

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 employers who are now insisting on evidence of professional ***and*** public indemnity from their contracted practitioners. 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) is one company which 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". Another option is to approach the insurance company which provides your personal (house, contents, vehicle, etc.) and/or your company or business cover and ask them to include public liability in your policy(s). AMI, IAG and State insurance are all providers that offer this option.

NZCCP Membership News
The following people have been approved as members at the National Executive meetings since the ShrinkRAP Winter 2016 edition was published:

Full Members of the College:
Eleanor Baggott, Christchurch
Amanda Cain, Auckland
Lee Hector-Taylor, Christchurch
Charlotte Renouf, Christchurch
Veena Sothieson, Auckland
Lance Thompson, Christchurch

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

Associate Members of the College:
Liesje Donkin, Auckland
Sarah Morton, Auckland
Mary O'Donoghue, Canterbury

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, including 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/**

Membership renewals
These are now extremely overdue. If you haven't done so already please go to http://www.nzccp.co.nz/membership/nzccpmps-membership-subscription-renewal/ to renew your membership now.

Journal NZCCP
The themes for the next Journal NZCCP issues are:
Culture, published December 2016, deadline 30 September 2015
Trauma, published June 2017, deadline 30 March, 2017
Leadership, published December 2017, deadline 30 September 2017

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/)!

Members in Leadership roles
As part of our Strategic Plan and focussing on supporting our membership, one of the areas of focus is to **build the leadership capability of our members**.

As part of this interviews with NZCCP members who have moved into leadership roles will be regularly published in ShrinkRAP, as a way of sharing information about pathways into leadership.

In this issue we are delighted to include insights from ***Leena St Martin.***

1) What leadership roles do you currently hold?
For the past 8 years I have been Professional Leader for Psychologists Working in Physical Health at Auckland District Health Board (currently 35 psychologists). My post sits alongside the Professional Leader for Psychologists working in Mental Health. The mandate of the role is to address clinical and professional governance, quality assurance, and risk management. I blend this two day/week position with my existing role as a clinical psychologist in gynaecology which could also be described as a leadership role, by virtue of it being a springboard for promoting awareness of women's health and sexuality.

2) How did you end up as a leader, what path took you that way?
I was shoulder-tapped for the Professional Leader role by my predecessor Liz Painter who had created a positive working relationship with allied health management during the time of her role.

At the time of the changeover, it was recognised that with our increasing workforce the Professional Leader role in Physical Health needed to be formalised within ADHB's management structure.

The path that took me that way is long and varied and references my 1990s era social science education at The University of Auckland. My undergraduate degree majored in psychology and education and I was fortunate to choose papers taught by illustrious academic leaders such as Professor Ranginui Walker in Maori Studies, Professor Nicola Gavey in Psychology and Professor Allison Jones in education. These leaders were not afraid to stand up for their politics and I learned about the "isms" which were linked to psychological distress and poor health outcomes: racism, sexism, classism As students, we were encouraged to reflect on our own placement within these structures and to consider how we might use our educational privilege to effect change in future. Attending Professor Keith Petrie's health psychology paper in 1992 gave me the opportunity to explore how psychologists could contribute effectively and make a specific, tangible difference to people experiencing poor physical health. Little did I know this preliminary foray into health psychology would pave the way for my career as an advocate and leader for psychologists working in physical health settings more generally.

During my student years I undertook extra-curricular leadership roles as an aerobics instructor and taught tae kwon do alongside my late husband who ran a martial arts club. These less formal leadership experiences provided invaluable learning.

I graduated as a Clinical Psychologist in 1996 and spent the next six years doing the hard yards in a West Auckland community mental health centre. I benefitted from being inspired by colleagues ranging from grassroots community workers to feminist clinical psychologists. These colleagues showed me how to 'walk the talk' and translate political awareness into the tools of clinical psychology. They taught me about responsibility towards the community I was working in.

3) What extra training did you undertake, if any? What was it like "learning the ropes"?

I have not undertaken any particular training for this role. Rather I have benefitted from relationships with key people throughout my career. For example, my predecessor's ongoing availability and from occasional leadership mentoring. My mentor enabled me to recognise the value of the informal or other leadership roles I had taken on elsewhere and to borrow skills from these areas. I also benefit from regularly raising leadership issues with my peer supervision colleagues, who are also recognised leaders. We have been in a peer supervision group for 21 years and this offers a high trust/high challenge culture which has enabled me to safely reflect on leadership issues.

4) If you have had any "failures" along the way, how have you dealt with these and what did you learn from them?

An initial struggle was learning how to triage the vast amount of administratum which flooded my email inbox when I commenced the Professional Leadership role. A few weekends, and some wellbeing, were lost as I waded my way through ministerial reports and consultation documents in an attempt to make useful comment from my new role. Fortunately I have learned the skills of discernment and tighter organisation of this admin over the years.

5) Who supported or encouraged you as you entered leadership roles?

I felt consistently upheld by the support of my late husband who had a lot of insight into human behaviour. He had seen the best and worst of it through coaching talented fighters and working on nightclub doors. Similarly, my late mother was a courageous role model who had stood up for her cultural and religious principles throughout her life and respected others who did the same. I have been inspired by people who have earned leadership status through their actions and who are not necessarily in a formal leadership role.

6) What advice do you have for clinical psychologists considering moving into leadership roles?

The most effective leaders are often people in the background who by their subtle influence and healthy role-modelling, become regarded as leaders. Rather than seeking leadership roles in order

to achieve power and recognition, I believe that as clinical psychologists, we need to recognise the value of what we are already doing within our existing roles. Our core skills are to listen carefully and formulate thoroughly using our access to knowledge. These are powerful skills. The impacts of our interventions are often not noticed until we have departed and it is recognised that positive change has occurred. There is no ego attached to this; it is simply what we do. We don't have to become something other than what we are in order to be valuable.

7) What do you see as important skills/competencies of leaders?

Be curious about the current discourse which seems to be over-valuing the importance of formal leadership as the way forward for the psychology profession. The value of structural power is being highlighted at the expense of subtle social power earned through respectful relationships and effective clinical work.

If you are drawn towards a formal leadership role go in with eyes wide open regarding the collegial tensions and competing agendas which you will have to navigate. Recognise the privilege of the role which will enable you to have influence.

8) If yours is a management role, to what extent does it require leadership skills or tasks?

- Leading by Living - it is what we do and how we present ourselves, rather than what we say, which has the greatest impact.
- Recognising aspiring leaders in our midst and fostering their interest. Professional Leadership is a privileged role and my responsibility is to use that power for the benefit of others.
- Recognising colleagues who can be partnered with to raise important and/or contentious issues in an effective way.

9) How is your position as a leader different from a management role?

Professional leadership involves treading a line between my clinical colleagues and management. It is not the same as being an advocate for psychologists and nor is it akin to being a line manager with operational responsibilities and a budget. I need to consider my position carefully to ensure I am operating within my designated role. The DBT principle of coaching the client is useful as often the best action I can take in a conflict is to encourage my colleagues to choose effective strategies in order to achieve the best outcome with their colleagues and managers.

Media Release: Time-Out

Rachel Booker and Caroline Greig

Last week the Minister of Education Hekia Parata commented on the use of 'seclusion' and 'time out' in schools, labelling it as "absolutely intolerable".

The NZ College of Clinical Psychologists is a professional association exclusively for clinical psychologists, with a membership of over 900. We believe it is necessary to clarify the difference between seclusion and Time-Out as the use of Time-Out is an appropriate, effective and safe strategy for managing children's behaviour.

Seclusion: Time-Out is different to seclusion. Seclusion is where a person is placed in isolation from others in a room or area from which they cannot freely exit.

The College does not support or approve the use of seclusion as it can have negative impacts on the person's wellbeing and undermines their basic human rights.

Time-Out: is where, in a planned way, a child is verbally prompted or gently guided away from a situation for a period of time so that they can calm down. This requires a specific plan and practise so that both adults and children know what to expect and children can use this time to regulate their emotions.

Time-Out is the removal of stimulation (i.e. loud noise) and reinforcers such as attention. It is not a punishment. Time-Out is provided to the child to allow them time to calm down in a safe environment. It should occur in a predictable, comfortable place with a familiar supervising adult

close at hand. If there is no better alternative this may require a separate room and only for short periods of time.

Although there can be limitations and it is not appropriate for every child, when used correctly Time-Out is an acceptable practice both at home and in cases of more extreme behaviour, at school.

Time-Out at school should only be used for cases of severe behaviour where the well-being and safety of other students and staff are at risk and where other strategies have not been effective. Children with autism spectrum disorder more frequently require a low stimulation space to calm down in.

The College supports the appropriate use of Time-Out. The College recommends that schools consult with behaviour specialists and that Time-Out is part of a comprehensive behaviour plan.

The Ministry of Education's Positive Behaviour for Learning (PB4L) initiatives are a great example of using positive strategies to encourage and endorse desirable behaviour. Strategies such as: praise, positive rewards for appropriate behaviour, structure, routine, having a calming space within the classroom, understanding and meeting the child's needs and giving the child a sense of achievement are all successful ways to manage behavioural issues.

If schools do not have a mechanism by which to manage extreme behaviour they will be left with no option other than to suspend and eventually exclude a child who is putting the safety of others at risk. This could well reverse what has been an increasingly higher rate of inclusion of children with special needs in the mainstream education system.

##########ends##########

This media release was published by TVNZ One News, Newshub and Scoop.

Summary of the Psychology Profession Advisory 23 August 2016
Representatives of the New Zealand Psychologists Board, the New Zealand College of Clinical Psychologists, the New Zealand Psychological Society, the DHB Professional Leaders, university Heads of Department, and training Programme Leaders attended this half-day meeting in Wellington.

Cultural Competence (*Updates re each organisation's cultural competence activities)*
It was noted that the Board's new "Cultural Advice Reference Groups" will be meeting for the first time on September 9th. In reply to a question it was noted that the *International Declaration on Core Competences in Professional Psychology* includes the concept of "cultural humility", and that when the Board reviews its prescribed core competence documents it will reference the *International Declaration*.

The HoDs and PLs reported that:
• MoBIE is going to require that all school career counsellors have a career plan for each student by year 10.
• Concerns have been expressed in some quarters about the employability of psychology graduates, but this may be due to a focus on undergrads only (suggesting a lack of awareness of the usual career structure for psychologists).
• The Clinical training Programme Leaders are gathering next week for their annual hui.

The DHB Professional Leaders reported that:
• There has been no DHB Professional Leaders meeting since the last PPAF report.
• A new APEX employment agreement has been reached, and includes $2,500 per year per psychologist for professional development.
• Concerns have been expressed about DHBs losing psychology staff to private work.

The Board reported*:*

Updates:
• *International Project on Competence in Psychology* – the *International Declaration on Core Competences in Professional Psychology* has now been adopted by both the IUPsyS and the IAAP.
• *Family Court complaint processing* – Steve Osborne recently met with the Northern Region Family Court Report Writers Group in Auckland to discuss concerns about the Board's complaint processes.
• *Neuropsychology scope consultation (Round 2 complete)* – Steve Osborne gave a basic outline of the survey results. Concern was expressed that the creation of a Neuropsychology scope could rule out this area of practice for some (if for instance ACC restricted access to only those holding the new scope).
• *Best Practice Guideline development* – Anne Goodhead will be presenting the next draft of the "Coping with a Client's Suicide" document to the Board later this week, but still needs to integrate a lot of late feedback.
• *Registration Review* – Ann Connell noted that there will soon be a more substantial plan around how the Board will progress this review. Bev Burns and John Bushnell have been working to scope the project. It is expected that the plan will include opportunities for consultation on various components of the Board's eventual considerations/proposals. The review should result in a much more coherent and well-evidenced set of decision making guidelines.

Asia-Pacific Forum – The Forum in Yokohama was well attended and resulted in the signing of the "Yokohama Declaration". Further work will follow, with the next meeting in Kuala Lumpur, and possibly a second one in 2017 in Bali. It was noted that each jurisdiction can have two representatives attend. Moana Waitoki has been appointed by the Society (as NZ's IUPsyS affiliate) and the Board nominated Monique Faleafa as the second representative.

IO Psychology training (concerns) – The Board are concerned that another IO Psychology training programme has stopped enrolling students. This was noted for future workforce discussions.

The next PPAF meeting will be held on 22 November 2016.

Summary of the Psychology Workforce Group (PWG) meeting 22 November 2016
Representation on PWG
Kerry Gibson is stepping down as the President of NZPsS. The Society will discuss about her ongoing role at this meeting.

Internships / PWTF
- There was general discussion of the preceding PWTF meeting and the main points.
- It was agreed that we need to present MoH with a clear definition of the problem and a clear goal for PWTF.
- It was noted that HWNZ provides significantly more funding for nursing and medical training than for psychology.
- It was agreed that workforce gaps, growth predictions, and value for money are the key points to address.
- It was noted that there is a gap in scientific literature about the outcomes associated with the type of therapist (i.e., psychologist vs other disciplines) rather than the type of therapy provided.
- We agreed on the following 6 goals:
    - We need a system for collecting appropriate data on the psychology workforce in an ongoing way.
    - We want to train a psychology workforce that is reflective of the diversity of the New Zealand population.
    - We need a sufficient number of psychologists to meet the needs of the public health system as evidenced (at least partly) by waiting lists to see a psychologist.
    - We need to train sufficient number of students/interns to cope with the predicted growth needed in the workforce and the retirement of older members.
    - We need to establish a way to evidence the efficacy of psychologists.
    - We wish to ensure the conditions in the public sector serve to retain psychologists in that sector.

Action: Members of PWTF have a variety of actions to complete before the next meeting on 22 November.

Māori and Pasifika Workforce Issues

- Clinical Psychologist training programmes will discuss the issue of how to increase Māori and Pasifika trainee numbers.
- Pasifikology is providing mentoring to Pasifika students.
- Le Va is providing scholarships to Pasikifa students.
- Monique noted the wish to see a Pasifika workforce that is culturally competent and which has the intention of reciprocity back to their communities.

Other business

- The invitation from HWNZ to contribute to Health of the Health Workforce report for 2016 was noted.
- The issue was raised of level of training of people providing NZCER "Level C assessments" to children and young people in the education sector. There is no obvious solution to this issue as these assessors are not part of a professional body and NZCER is a commercial enterprise.

Next meeting: Tuesday 22 November 2016.

ACC/NZCCP/NZPsS liaison meeting, 16 September, 2016

Issues for Discussion

Branch Advisory Psychologist Comments

- It is suggested that some of the Branch Advisory Psychologist comments can be unhelpful with their comments around assessors not having established causal relationships in sexual abuse cases for mental injury. It was reinforced in the meeting that it is important to comment on causality and that the test is that the sexual abuse event/s need to be **'a'** significant (material) cause of the mental injury in question. If an assessor has questions concerning the Branch Advisory Psychologist comments, then they should contact the Branch Advisory Psychologist directly. It is usally best to email the Branch Advisory Psychologist and then a mutually suitable time can be set up for discussion about the issue at hand.
- In the recent supplier meetings, it has been stressed that providers should not feel pressured to start assessments until all notes have been obtained if they feel that the notes are potentially relevant and important for the assessment. This information has been relayed to the Service Coordinators in ACC and, if providers feel any pressure to conduct assessments before they have the requisite notes, they should contact the Service Coordinator's Team Leader or one of the Branch Advisory psychologists.
- The Branch Advisory Psychologist contact list has been circulated fairly regularly to ISSC suppliers who should have passed this onto their providers.

Psychometrics

- Sarah Calvert would like ACC to think about using WHODAS 2.0; her opinion is that the instrument is sometimes less than ideal when being used with people whose abuse is historical and also for clients who are imprisoned.
- It has been emphasised in recent ACC supplier training that ACC would like assessors to complete the WHODAS 2.0 but, if it is deeemed inappropriate, then the assessor should comment on this and provide the reasons as to why it is considered inappropriate.
- ACC is open to looking at alternative ways of asssessing outcome. However, when assessing outcomes ACC wants to be able to assess not only symptom reduction but also how the client in functioning in everyday life, participating in life activities and their perceived quality of life. The aim is to have measures administered before and after to assess whether the Integrated Services for Sensitive Claims is having an impact on clients' overall life functioning and their perceived quality of life.

Working in prisons

- Sarah Calvert raised concerns about unrecoverable costs associated with doing supported assessments in prison as there is often downtime such as waiting for clients and during

periods of lock down which are not infrequent. Sarah Calvert considers that there are unique factors to consider when assessing prisoners which are not factored into the pricing structure. Kris Fernando to raise this with Selena Dominguez, ACC Category manager Specialised Treatment Services.
- It was raised that, in Auckland, congestion at certain periods during the day, results in lengthy travel time despite the fact that the travelling distance is often under 20km which means that the time cannot be invoiced for.

Exposure to Pornographic Material
Catherine Gallagher wondered whether children who come across or are the recipients of pornographic material and are subsequently distressed by what they have seen are potentially covered by ACC if they meet the criteria for mental injury. Erin Harper, ACC Technical Claims Manager, was consulted about this and her advice is that if there is a perpetrator involved with the child being coerced into viewing the materials and subsequently develops a mental injury, ACC cover may well apply. However, if a child is searching for the material on his/her own accord and develops a mental injury as a result of exposure to the material, this does not meet the criteria for a Schedule 3 event. Howver, each claim is different and it is very difficult to make black and white statements as to what is and is not covered. The context of the claim is always important.

Member issues
A concern was raised that CYF notes are heavily redacted.
- Sarah Calvert commented that if Child Youth and Family is sent a copy of the appointment letter along with attached client/guardian consent with your official request for notes and an explanation of the reason for needing the notes, it is possible to obtained an unredacted version of the notes.
- Sarah noted that the psychologists' reports will not be received as part of the CYFS notes and that these should be requested specifically through the relevant unit.

Changes to the Neuropsychological Assessment Services Contract and DNA Fee
- Pricing have not decided to change the DNA rate as consistency is being introduced across ACC contracts as they come up for renewal. In most cases, the time spent reading notes will not be wasted as clients will be seen by the same assessor at a later time. However, there may be situations where this does not occur and when this is the case, the provider should contact the particular Service Coordinator/Case Owner to request consideration of payment for the time incurred reading the notes. The Neuropsychological Assessment Service contract is currently undergoing a variation and, while assessors may be unhappy about the DNA rate, there are other modifications of the contract which hopefully will meet with approval.

Clinical Psychology students working on the Integrated Services for Sensitive Claims (ISSC) contract
- Clinical Psychology students can work on other mental health contracts such as Neuropsychological Assessment Services, Concussion Services, Psychological Services and Pain Management Services.
- There was agreement among those present that placement students/interns should not be doing this ISSC work as the content can be quite traumatising and they do not have enough clinical expertise to deal with these often very complex cases.

Obtaining notes for ISSC Supported Assessments
There has been improvement in timeliness in some GPs and DHBs and this has been actively worked on by the Suppplier Managers' team. GPs can send their notes to ACC directly now via Health Link. This has resulted in ACC receiving the notes with faster turnaround times. ACC is also focusing on the Service Coordinators sending the notes out in a timely manner following the privacy checks being done. The privacy checking is a time consuming process. All notes need to be checked line by line and then this process needs to be repeated by someone else in the unit.

Incapacity assessments - need for clarity about who can do them and whether there is a list of preferred providers
Only clinical psychologists and psychiatrists can conduct the incapacity assessments which consist of addressing some questions concerning how the client's mental injury impacts his/her capacity to

work. The questions are currently being refined so that they are worded in more everyday language and make more clinical sense. The incapacity questions are usually added to the Supported Assessment referral but occasionally, the incapacity questions may be received separately by an assessor when there supported assessment or psychiatric assessment has recently been conducted. There is no list of preferred providers.

Application for ISSC Groups
These are clear in the operational guidelines available on ACC website under the ISSC section – these guidelines include the steps and information to be included in the proposal. This information has also been sent out separately via the Supplier Manager, Tracey Hobson. The specific guidelines as outlined in the Operations Guidelines are:

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.

Training others in the delivery of groups

- ACC expects that people who have been approved for delivering groups are competent to do so and that they have specialist skills to run the groups they propose. ACC does not tend to fund specific group training. However, it is possible for people wanting to run training to contact NZPsS/NZCCP to see whether it might be possible to deliver the training under one of these associations. ACC has worked with both associations on joint ventures when there is a clear need and demand for training in particular areas.

Event Details for Supported Assessments and Potential Impact on the Client

- ACC asks for details of the sexual abuse event/s in the Early Planning report and it is important not to go over this again while the client is undergoing a Supported Assessment
- The details requested in the Early Planning report are a brief description of
    - The event or events – need to determine that a schedule 3 event has occurred
    - Date range of the event/s
    - Frequency of the event/s
    - Client's age at the time of the event/s
- Therefore the Supported Assessment assessor has simply to verify with the client that the details in the Early Planning report are correct. The idea behind the ISSC was that the providers would collaborate and share information so that clients are not being subjected to repeat questioning.
- Lead Providers can now invoice for the time spent collaborating with assessors prior to and following supported assessments under Active Liaison.

Extensive delays in decisions about Supported Assessments

- Once a cover decision is made, the supplier/provider is notified following the client receiving notification. There can sometimes be delays in informing the supplier/provider if contact with the client is hard to achieve
- All Branch Advisory Psychologist comments will be sent to assessors – this is quicker now because of the email toolkit functionality where the comment can be sent directly to assessors without the need for privacy checking.
- The Branch Advisory Psychologist comment is only advice and the cover decision is made by the Service Coordinator.

Next meeting: 6 December 2016

Observations of my favourite animal, and how it guides my clinical practice

Leena St Martin

Rottweilers know they are at the top of the canine pecking order. Like certain German automobiles, their performance is powerful and fast and their design sleek and stylish. Their perfectly proportioned, bear-like silhouette needs no introduction. Appearance is everything and they know it.

Rottweilers concern themselves with cerebral matters, as evidenced by their high-brow and furrowed foreheads. They are strategic politicians, sensitive to changes in a power hierarchy. Team work involves identifying a vulnerable target, then swiftly engaging the victim at vulnerable points, resulting in confusion for the victim and rapid submission.

Their tastes are refined. Unlike other breeds, Rottweilers do not participate in eating roadkill or avocados. Like a good cellared wine, they know how to age a bone by burying it and from time to time revisiting the treasure to rotate it in the sunshine, ensure the correct bacteria are present and then carefully rebury for the next fermentation check. Occasionally they allow a colleague to confirm the presence of this cellared selection but would never allow any sampling.

Rottweilers secretly enjoy comfort and security but only in the presence of observers who don't matter, such as family. Outside the home they would never admit to such vulnerabilities.

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
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
Auckland	3-5 November	Trish Purnell-Webb/Gottman Level 2 Clinical Training
Wellington	4-5 November	Family Therapy Training in EFFT – with Gail Palmer (Canada) & Jim Furrow (US)
Hamilton	14-16 November	Dr Robert Brockman/ Level 2 Schema Therapy Workshop
Dunedin	17 November	Perinatal Anxiety Seminar
Wellington	24-26 November	Psychosocial Oncology New Zealand 2016 conference
Auckland	24-26 November	36th ANZAPPL Annual Congress
Wellington	25 November	EMDR Study Day
Auckland	25 November	QPR Advanced Suicide Risk Management &Triage
Auckland	25 & 26 November	NZIPP: Dr Maria Teresa Savio Hooker
Wellington	28-29 November	Neuroscience Extension Training (NExt)
Christchurch	12 December	NZ-SIGN workshop: Current Practice Issues in Child Neuropsychology
Auckland	25 January	Using Cognitive Analytic Therapy (CAT) to understand and work with adolescents and young adults with challenging behaviours
Nelson	2-4 March	NZPS17
Nelson	9-15 & 17-19 March	DBT Intensive Training 2016 with Alan Fruzzetti
Auckland	9 & 10-12 March	Somatic Experiencing (SE) training events
Wellington	31 March – 2 April	Hakomi workshop

CLASSIFIED

Te Whare Mahana Trust

DBT Lead Therapist

The DBT Intensive Treatment Programme located in Takaka, Golden Bay, is a 6 bed residential programme providing intensive DBT therapy for clients with problems related to emotional dysregulation and often chronic self-harming and suicidal behaviours.

We are seeking a full time clinical psychologist, psychotherapist or similarly skilled clinician preferably with DBT Intensive Training. Competitive salary and benefits offered relative to experience.

Applications close on Friday, 18 November 2016

For job descriptions and TWM application form
please e-mail twm@twm.org.nz
or visit our website
www.twm.org.nz

Leah is a Sydney-based doctoral-level clinical psychologist with 20 years of clinical and teaching expertise in CBT and traumatology

November 2016 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.

3-4 November 2016, Sydney CBD **17-18 November 2016, 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.

10-11 November 2016, Sydney CBD **24-25 November 2016, Melbourne CBD**

Program Fee for each activity is in Australian Dollars (AUD)

$550 AUD (when you email this form to pay for an Australian workshop with a Visa or Master card)

Please note this reduced price only applies if you live and work in New Zealand and travel to Sydney or Melbourne

Program fee includes written 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

2016 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