ShrinkRAP

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

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Ka huri te wā, ka huri te ao

As seasons turn, so does the world

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Presi-Rap
Clinical Psychology and the Neuropsychology Scope of Practice

Malcolm Stewart, President NZCCP

After extensive consultation the NZ Psychologists Board established the Neuropsychologist Scope of Practice, which is held alongside another scope of practice (SOP) such as the Psychologist SOP or the Clinical Psychology Vocational SOP. Establishment of this scope of practice has caused concern for some clinical psychologists, wondering where it leaves those who do cognitive or neuropsychological assessment and who don't obtain the Neuropsychologist SOP.

The Neuropsychologist SOP is designed for people who are practising neuropsychology at a high level, as evidenced by the requirements which include high level qualifications specifically in neuropsychology and/or extensive recent experience specifically in neuropsychological practice. There are also extensive additional core competencies that have been defined for the Neuropsychological SOP that go well beyond what a clinical psychologist would generally obtain in

the course of their pre-qualification training, and would only acquire later if neuropsychology was a large part of their practice. Many of the people in New Zealand who are functioning at this level are clinical psychologists, but the majority of clinical psychologists are not functioning at this level.

But what does this mean for clinical psychologists who do some cognitive and neuropsychological assessment but not to the level of obtaining the Neuropsychologist SOP? Are they unable to undertake cognitive or neuropsychological assessments if they don't have the Neuropsychologist SOP. The short answer is they are still able to undertake neuropsychological assessments as long as they are working within their competencies.

You will remember that the areas in which we can ethically practise are primarily determined by what we are competent to do and have maintained competence in. If as a clinical psychologist without the Neuropsychology SOP you are undertaking cognitive or neuropsychological assessments in a competent manner then you are working within your scope and the Code of Ethics. It is possible in the future that some employers may specify the Neuropsychologist SOP for some positions, but presumably these will be positions for which neuropsychological skills at that advanced level, rather than the many other advanced skill sets of different psychologist, are particularly relevant.

I believe there is a potential benefit for clinical psychologists and our clients in establishment of the Neuropsychologist SOP. Especially in areas such as Mental Health and Corrections, many more clients would benefit from cognitive and neuropsychological assessment than are able to obtain it. These people do not necessarily need extensive and high-level testing. They need relatively straightforward testing that is competently interpreted, focuses on informing rehabilitation, and does not contaminate further testing if they need more extensive investigation later. This sort of testing can be within the competence of clinical psychologists without the Neuropsychology SOP and may be far more feasible for many clinical psychologists in busy roles than attempting to undertake a full neuropsychological assessment. I am keen for the College to explore ways and means for clinical psychologists who are not neuropsychological specialists to contribute in this role which is complementary to that undertaken by the neuropsychologists and clinical psychologists with the Neuropsychology SOP, and also of great value.

A comment from the NZ Psychologists Board:
John Bushnell, Chair, NZPB
The Board shares concern about unintended negative impacts of introducing the neuropsychologist Scope of Practice (SOP). It has become evident from frequent anecdotal reports that some clinical psychologists are beginning to avoid undertaking assessments of cognitive functioning, when they are needed, because of concerns about this work falling into the neuropsychologist SOP and no longer being part of "clinical" psychology.

When the HPCA Act was implemented in 2003, with close input from the profession, the Board defined the required competencies for clinical psychology. Although these competencies are expressed in generic terms, when read in totality, they contain all the elements for a thorough assessment of any client with impaired brain functions. The Board's planned revision of competencies may more explicitly address this issue, and more clearly demarcate differing scopes. Put simply, connections between thinking, feeling, behaviour and brain integrity are fundamental to clinical psychology. A clinical psychologist failing to assess impaired brain functioning, when such an assessment is needed, might be considered to be failing to fulfil a core part of the clinical psychology role.

The NZ Psychologists Board established the neuropsychology SOP in the belief that a NZ postgraduate qualification was imminent, but this has not eventuated. The population "bulge" of baby boomers reaching age-related brain failure will increase dramatically in the next two decades. In the foreseeable future, with only 126 psychologists registered in the neuropsychology SOP and slow growth anticipated, the numbers holding this SOP will never be able to meet the demand for assessments.

With clinical psychologists twenty times as numerous as those holding a neuropsychology SOP, the skills of clinical psychologists are those most accessible to most people most of the time. We concur with Dr Stewart that if clients are experiencing issues with behaviour, thinking or feelings

that may be influenced by impairment of brain functioning, then clinical psychologists should be undertaking relatively straightforward testing that is competently interpreted, focuses on informing rehabilitation, and does not contaminate further testing if the client needs more extensive investigation later.

ABSTRACT DEADLINE EXTENDED to 9 DECEMBER

and/or

REGISTER NOW

for the

NZCCP 31st National Conference:

"Tui, tui, tui, tuia" "Bind, join, be united as one"
Psychology: Foundations and Integration

Saturday 28 & Sunday 29 March, 2020

Chateau on the Park, Christchurch

NZCCP Membership News

Newly approved NZCCP members
The National Executive would like to welcome the following new members who have joined the College since the last ShrinkRAP.

Associate
Lianne Atkinson, Otago
Rebecca Barns, Auckland
Andrea Chin, Otago
Charlotte Kerr, Otago
Maria Kleinstaeuber, Dunedin
Elsabe Le Roux, Tauranga
Selina Pope, Auckland
Phillipa Reihana, Canterbury
Stefan Rethfeldt, Auckland
Mariaan van der Merwe
Ellen Warhurst, Otago
Elizabeth Zimmerman, Wellington

Full
Barry Kirker, Auckland
Oliver Kitto, Auckland
Shruti Pathak, Auckland

As a Full Member, each may now use the acronym MNZCCP.
The National Executive congratulates these people on attaining their new membership status.

Membership Benefits
We would like to remind members, older and new, to explore the NZCCP Member Benefits, which include but are not limited to the following:

Access to excellent Professional Indemnity Insurance
Members of the College can purchase membership of the Medical Protection Society (MPS), which provides access to legal advice and representation in the event of a hearing. Even working for

organisations such as District Health Boards or the Department of Corrections does not mean they will protect you in the event of malpractice complaints. You have enduring coverage for events that happened in the entire time you paid MPS fees so in the case of a retroactive complaint many years after your retirement, for instance, you will be entitled to representation. Student members of the NZCCP are entitled to be covered by the MPS scheme at no cost.
Medical Protection Society (MPS) membership application form
Information about MPS professional indemnity
Student MPS Membership Application form

Access to free confidential counselling service
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.

Seminars/courses at reduced costs
Membership gives you entry to the continuing education programme coordinated by the College in your region, often at a reduced cost. The organisation is non-profit making and much of the organising of the education is done voluntarily by enthusiastic and committed members, enabling us to have high standard overseas speakers at relatively low cost. The College works to foster, provide and co-ordinate such training, and to promote regular participation by members. Ongoing education assists in the process of continued development and updating of professional skills.

Advice about ethical and work-related queries
Individual members can ask for ethical advice from the College Ethics Advisory Panel and other information from the National Council or NZCCP office. See below for an update from the Ethics Advisory Panel.

Pamphlets available to members
These include, "A Guide to Seeing a Clinical Psychologist", and "Supervision Guidelines for Clinical Psychologists and their Employers".

Active support for students
During the period of clinical training, membership is free and you receive both publications. Prizes are awarded for student presentations at the NZCCP conference. In some areas the local branches support students from their area to attend the NZCCP Annual Conference. The College also has annual student awards.

Referrals nationwide through our Private Practice list
Those interested in private referrals are added to our "Find a clinical psychologist" resource, which is posted on the College website. This is an excellent resource if you wish to refer clients to someone of good standing when the client changes location. It also serves to generate referrals for interested clinicians. Please go to https://www.nzccp.co.nz/your-account/manage-your-private-practice-details-for-publication/ to add or update your private practice details.

Connectivity
There is very useful closed **Facebook group for private practitioners** providing a forum for sharing ideas and information relating to running a private practice. Click on this link and ask to join the group: https://www.facebook.com/groups/1974851039510715/.

Teletherapy NZ provides a forum where members can explore how to use teletherapy safely including discussing, clarifying and sharing information about regulations, ethical issues, research and anything else that might be worth knowing. Feel free to invite other clinical and health psychologists who might find this group useful.

The **NZ Family Court Specialist Psychological Group**, a shared group between the College and NZPsS members, enables Specialist report writers for the Family Court to liaise together.

If you are a clinical psychology student you are invited to join the **NZCCP student member Facebook group** at https://www.facebook.com/groups/172521526883530/ This page is for clinical psychology students across New Zealand to connect with each other and the College.

Please to go the **NZCCP facebook page** at https://www.facebook.com/nzccp/ to post and to like and share events and other interesting and relevant information. Please don't hesitate to let me know if you want me to create more regional or special interest groups within the page.

Resources
The New Zealand College of Clinical Psychologists (NZCCP), in conjunction with the Australian Clinical Psychology Association (ACPA), offers NZCCP members (in any category) **free access to 25 video recordings/year of the work of master therapists and different therapeutic approaches,** from Psychotherapy.Net for ongoing Continuing Professional Development. Check out the current selection of 25 video recordings of Master Therapists demonstrating or discussing their work, or providing training in specific approaches. These recordings have been selected specifically to enhance knowledge and skills in clinical psychology for NZCCP members and we would like to acknowledge and thank the panel of members who took the time to watch and rate some of the many available videos
Other useful resources on the website include the Member only **Professional practice resources page**, which includes a *Health and safety policy TEMPLATE* for psychologists and *Suggestions for recovery of unpaid accounts,* and the **Resources for 'Early Career' Psychologists** and **Online professional development opportunities** pages

The **NZ College of Clinical Psychologists website** has lots of other relevant and interesting information and events, also available directly from the following links:

Professional development events:
Conferences
Workshops and Seminars

Job vacancies:
North Island
South Island

New: Access to the ProQuest's Health Research Premium Collection

As a member of the NZ College of Clinical Psychologists (in any category) you now have free access to ProQuest's Health Research Premium Collection Central, the world's most varied collection of health sciences literature. To deliver clients the best possible care in today's dynamic healthcare environment, medical professionals, clinicians and hospital administrators need to stay on the cutting edge of the latest clinical and evidence-based practice trends. The Health Research Premium Collection makes this easier by centralising access to the world's broadest collection of healthcare journals, evidence-based resources, and full-text dissertations

About the Health Research Premium Collection:

- *Ongoing full-text access to the world's highest cited journals.* The collection offers ongoing full-text access to leading scholarly publications including The New England Journal of Medicine, The Lancet, and The BMJ and is easily linked to other required content.
- *Comprehensive medical literature reviews.* The collection includes more than 100,000 full-text dissertations unique to ProQuest covering many areas including nursing, psychology, and health management.
- ProQuest amasses summary journals, conference proceedings, industry and healthcare reports, trade journals, books, and more into a single cross-searchable collection. These primary, secondary, and tertiary content sources cover the spectrum of medicine and gives easy access to relevant content.
- *Best practice.* Access to evidence-based resources is as important as ever, which is why ProQuest includes thousands of evidence-based articles (systematic reviews and meta-

analysis) and more than 100,000 clinical trial records as well as expert opinions and findings from cohort and experimental studies.

Time to apply for annual NZCCP Grants and Scholarships

The NZCCP Research/Study Award, of up to $6,000, is offered annually to a full or associate member of the College to assist to them to undertake travel or a similar specific activity to further their education or interest in a clinical or research activity related to clinical psychology.

Te Karahipi Oranga Hinengaro and the President's Award. Each of these awards, of up to $1,500, is offered annually to a student member of the College who is recognised as performing well in their training and as likely to make a positive contribution to Clinical Psychology in the future. The purpose of these awards is to assist the student member to undertake the development of their knowledge and skills in Clinical Psychology and its application. The first is available for Maori students.

NZCCP Travel Grant. Up to four NZCCP Travel Grants of up to $1,000 are provided annually to Full or Associate members of the College to assist them to travel to and attend a continuing education opportunity (such as a Conference, Workshop, or substantial organised site visit) either in New Zealand or overseas.

The Susan Selway Memorial Scholarship is available to support NZCCP members currently living and working in Christchurch to attend Continuing Educational activities relevant to their profession. This scholarship has a total value of $1200 per annum, and is distributed as three grants of $400 each per year.

For more information go to the links above to download the criteria and application forms for each of these awards.

Journal NZCCP

The next Journal NZCCP issue will be published in June 2020.

If you

- can 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 contact Caroline at office@nzccp.co.nz and she 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. We encourage all students to submit articles, case studies, book reviews, commentaries on a set of abstracts, reviews of conferences or workshops. 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/)!

Ethics Advisory Panel

The role of the Ethics Advisory Panel is to provide ethical advice to NZCCP members. Consulting with the Ethics Advisory Panel should not be seen as an option of last resort, but as a resource available that can be used in relation to both highly complex ethical dilemmas and more routine ethical issues, at any stage of the process. The current committee members are Paul Carlyon, Sarah Drummond, Prue Fanselow-Brown, Angus Maxwell and Jo Leech (Chairperson).

As a group the Ethics Advisory Panel has considerable experience in a number of fields of psychological work, including working with vulnerable client groups, such as children, those with intellectual disabilities and clients where their liberty is in question. There are members who have had prior legal training, experience working within complex legal frameworks and experience in expert roles such as being advisors for the Psychologist Board and the Health and Disability Commissioner.

A member can seek advice from the Ethics Advisory Panel by contacting Caroline Greig at the NZCCP office, who will provide a summary of information that would be helpful for the Panel to have when considering an issue. Caroline will then pass this information to the Chairperson who will disseminate the written request to the Panel. A member of the Panel will be assigned to collate and summarise the response and provide this to the member via the NZCCP office.

This advice is not binding but is provided to guide the member's decision-making. It is worth noting that the Panel is not expected to act under urgency (they will however commit to reply within 3 weeks) and it is always recommended that the member also considers utilising other avenues of advice such as supervision and your indemnity insurer.

The Panel is intending on providing annual anonymised summaries outlining the themes of queries that are received and the learnings from these for the general membership. This will both illustrate the work that the Ethics Advisory Panel do and also provide the opportunity for the general membership to also benefit from the work of the Panel.

New self-management support website launched!

Health Navigator and Health Literacy NZ have launched a Kiwi website providing healthcare professionals information and resources about self-management support (SMS).

Funded by the Ministry of Health, the website www.smstoolkit.nz is packed with SMS information, services, tools and resources for a New Zealand context. It supports healthcare workers to better engage patients in their own health decisions and long-term condition self-management.

A range of core topics are covered to support SMS implementation, training and skill development, including sections and training modules for care planning, health literacy, goal setting, positive behaviour change, social support and group visits. Check it out! [www.smstoolkit.nz]

Find out more https://www.healthnavigator.org.nz/news/2019/11/14/sms-website/

New Zealand gets eMental Health Framework

The Ministry of Health is developing an eMental Health Framework to guide the use of eMental health services in New Zealand.

Mental health and addiction deputy director-general Robyn Shearer made the announcement at the International eMental Health Experts Forum in Auckland on 13 November.

Shearer told attendees that New Zealand's mental health and addiction sector is in a period of change and "digital services are at the heart of that change and will play an increasingly important role".

"The data shows the system is under pressure and unsustainable in its current form, hence the need for major change.

"eMental health tools and services are critical to the journey we are on," she said.

The importance of embracing digital technologies is highlighted in the Inquiry into Mental Health and Addiction report, He Ara Oranga.

Shearer said eMental health services can help with issues around workforce shortages and the challenge of providing services to remote and isolated communities, she said.

"Face-to-face interventions should work hand in hand with telehealth and digital support," she told attendees.

New Zealand currently has no overarching policy framework to guide the use of eMental health tools such as e-coaching, e-screening and e-therapy.

The Ministry has been working with Anil Thapliyal, president of the eMental Health International Collaborative and chief executive of HealthTRx and Te Pou o te whakaaro nui, to develop one, which should be ready for use in early 2020.

"Digital mental health programmes … are revolutionising our country's mental health services, but we need to ensure they're safe and fit-for-purpose," Shearer says in a Ministry statement.

"The Ministry's developing an e-Mental Health Framework to guide the use and development of e-mental health to better support providers who deliver telehealth and web-based programmes, practitioners and the public.

"The framework is expected to be ready for use early next year and will give added confidence for people accessing tools and services online in New Zealand."

From Health Informatics NZ (HiNZ)

Justathought.co.nz - A New Free Anxiety and Depression Self-Help Website for New Zealand

A new free internet-based self-help package for adults with anxiety and depression has just been released in Aotearoa New Zealand. It can be used by psychologists (and other clinicians) as an adjunct to other therapies, as a starting point or preparation while people are on a wait-list, or as a suggested stand-alone intervention for people with mild-moderate difficulties who are not entering therapy (e.g., due to cost or availability).

Justathought.co.nz utilises CBT-based interventions and is a New Zealand adaptation of an Australian-developed package that has been extensively researched and found effective. It currently has separate courses for anxiety and depression. Each course contains lessons that teach about the condition and psychological strategies that can help with recovery. Each lesson takes about 20 minutes to read and has a variety of practice activities that the client follows up with. Lessons are presented as part of an ongoing story and are interesting and easy to follow.

Clients can self-refer to Just a Thought. Psychologists can register with Just a Thought and send clients links ("Prescriptions") to it. Clients complete standardised measures while using Just a Thought, and if they have linked to it by a clinician, that clinician can keep track of their progress (including the results of the standardised measures) via a dashboard. There is no cost to client or clinician regardless of whether they are self-referred or referred through a clinician.

Just a Thought has been modified for Aotearoa New Zealand and presented by the Wise Group, which is the "parent organisation" for other mental health development organisations including Te

Pou, Le Va, and WorkWise. The plan is to later introduce courses for other conditions including, OCD, PTSD, and Chronic Pain.

This package can be a valuable stand-alone intervention or adjunct to therapy for many people. Members are encouraged to explore how you could use it to assist your clients and enhance your therapy. To check it out, go to justathought.co.nz.

Mental Health Sector Liaison Group Minutes

Kaupapa Māori pathway – Monique Tupai (Provider Service Delivery (PSD) Design Lead)
The Kaupapa Māori pathway work is progressing; the initial focus is concerned with the approach to this work and establishing a strong foundation. An internal partnership approach is being adopted linking Māori and Cultural Capability Team, Clinical, and Provider Service Delivery. It is acknowledged that ACC needs to establish a solid partnering approach before engaging externally. Kawa is being developed and practiced around internal engagement. There is engagement at a senior level involving Graham Dyer and Emma Powell. The internal project team is getting all the internal approvals completed, developing an action plan and thinking about how ACC will engage externally and for what purpose.

Lessons learned from the past indicate that building this strong foundation is essential in terms of both internal and external engagement. The aim is to move in a timely, steady fashion but not so fast that the foundation lacks strength.

Monique Tupai (Design Lead) commented that ACC does not want to impose its views but rather wants to establish new ways of working with a focus on getting it right from the start. She discussed the three voices which need to be heard and taken into account – voice of clients/whanau, voice of the experts, and the voice of intent in ACC and across government. These voices/perspectives need to be triangulated and brought together.

It was acknowledged that some suppliers are working according to a Kaupapa Māori model and that there are a number of MHSLG members who are knowledgeable and skilled in Kaupapa Māori approaches.

Action Point: Process to be discussed in three months and the Kaupapa Māori pathway to be a standing agenda item.

Integrated Services for Sensitive Claims (ISSC)
Mention was made that progress is being made regarding looking at possible changes which could be made to the ISSC contract based on client, provider and supplier feedback while ACC and the sector consider a longer-term, sustainable approach for the management of sensitive claims. This led into a discussion about some ideas such as providers wanting a reduced frequency of reports so that more of their time can be spent working face-to-face with clients.

Security of Provider Reports
Kris relayed that she has had further conversation with Michael Johnson regarding the provision of increased security for providers sending their reports into ACC. Currently providers can send encrypted reports coming into ACC. However, these get blocked in the security software and are passed onto an Information Security team to unblock. This has been problematic as the Information Security team need to contact the sender to receive the password. Although this could be solved by having providers send the password directly to the information security team, the information security team is not set up to deal with the volume of work that would be involved were everyone to send encrypted reports and doing this would likely significantly slow the processing of reports.

No further progress has been made although it is most likely in the future that providers will be able to send their reports securely into ACC. ACC is aware of the problem and is looking at a permanent technology solution for this. In the interim, we encourage providers to ensure the email address is correct before sending the report into ACC.

New Case Management Model
Simon Hoar (Manager Partnered Recovery) and Cath Wedderburn (Subject Matter Expert) from Client Service Delivery attended the meeting to discuss the new client focused approach to supporting clients which is being introduced gradually over the next 18 months.

Simon mentioned that over the last few years, ACC has been going through a transformational change involving changes in how our people work internally. Close to two years ago, the launchpad was developed which allowed testing of new ideas around ways to support clients and 25,000 clients have experienced this new way of working. The model is based on meeting client need rather than being based on injury type ranging from interacting with on-line portals to intensive support. The different recovery Teams are based on client needs. Some of the improvements to this point include 60% of claims being auto accepted with rapid client notification of claim acceptance via text message. The other areas being trialled are quicker assessment and payment of weekly compensation where possible.

Sensitive Claims
Recently, there has been some testing around whether some clients with sensitive claims (this has not included children and adolescents) can be managed via a team approach rather than receiving one-to-one support. This allows clients with more complex needs to receive the level of support they require with a less intensive approach being provided for clients who are stable and progressing well. The idea is the clients will receive the level of support they require and it was recognised that client's needs fluctuate over time so there is a need for flexibility in terms of the intensity of input required. Clients will be able to move between the different recovery Teams based on their needs. Feedback was provided from some members of the group that, while trialling this approach, clients and their providers have not always realised when they have been transitioned to the team-based approach; an apology was offered as this was not the intention. It was also emphasised by members of the MHSLG that, when the possibility of transitioning clients to the less intensive support is considered, both the client and provider should be informed as clients, due to previous traumatic experiences, may feel powerless to say that they do not want this to occur.

Privacy issues were also discussed with regard to the stable clients being managed via a team rather than a one-to-one relationship with a Service Coordinator. It was explained that Service Coordinators have always worked in a team covering for each other when absences occur. The same privacy rules apply in that no-one can access a client's information without a valid reason for doing so. The privacy team has been involved in considering the implications of the new client support model.

Suppliers and providers have recently received communication about the new model

Update for ISSC Suppliers and Provide

Feedback will be sought clients, providers and suppliers about the client support model as implementation progresses.

Services Outside ISSC
There was a discussion of the different services which clients with sensitive claims may benefit from. MHSLG members expressed that they felt they did not know enough about these services and that suppliers and providers could benefit from greater knowledge of these. Some of the services discussed included Pain Management, Training for Independence, Vocational Rehabilitation Services.
Action Point: Sherilee Kahui (Portfolio Advisor) will provide an update about a service each time she sends out the ISSC newsletter commencing with Training for Independence. Sherilee will also ask the Training for Independence suppliers whether they are willing to have their names published so that ISSC suppliers and providers know which suppliers hold that Training for Independence contracts.

Next Meeting: 28th November 2019 – 1-4.30pm.

ACC/NZCCP/NZPsS liaison meeting, 31 October 2019

Issues Discussed:
There were a number of items that have been discussed many times in the past and responses to the following items can be found in the published minutes of the meeting 28 February 2019:

- DNA's
- Changes to report templates
- Assessors being provided with information already held by ACC;

and in the published minutes of the meeting 27 June 2019:

- Admin Fees
- Delays in accessing medical and other notes
- The Crimes Act and ACC schedule 3 events. This includes a link to the full list of schedule 3 events which is repeated again.

http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100693.html

Behaviours that do not clearly fit within Schedule 3 are considered on a case by case basis by ACC clinical and technical staff.

Other items:
Top up fees on ISSC
ISSC is a free service and it would be in breach of contract to charge top up fees to clients. Clause 10.3 of the Standard Terms and Conditions provides that "unless otherwise specified in each Service Schedule, the price for each Service is the entire amount you can charge for that Service. You must not charge any additional amount to ACC, any Client or any other person (as co-payment or part-charge or otherwise) for that Service."

Police vetting
ACC has always expected that Suppliers will carry out Police vetting of all new Supplier authorised persons who will interact with ISSC Clients. We have attempted to clarify this by specifically referencing Police vetting in the current contract variation as we have become aware that some Suppliers have not been Police vetting their new Named Providers. Depending on the Supplier's context, there may be other screening processes which are also relevant, however, ACC's expectation is that these would be carried out in addition to Police vetting. Police will notify the requester of the vetting (in this context, the Supplier) of any adverse findings, and will refer to them explicitly as such. If the Supplier receives adverse findings, it is up to the Supplier if they wish to investigate further, terminate their relationship with that Provider, or submit the Provider's application to ACC. If the Supplier chooses to submit the Provider's application to ACC, they will have to disclose the adverse findings. It is then ACC's decision to either accept or decline the application. ACC will no longer accept applications without having Police Vetting results for Providers attached.

New ACC Case management model
There were a number of questions and concerns about ACC's new model for managing claims. This included discussion about both the model itself, the rationale for that model, and the perception that ACC had not communicated this well to the sector with the result that many were concerned that changes were not in the best interests of clients.
ACC is changing the way we support some of our clients throughout their recovery. Clients with sensitive claims will continue to access a single, dedicated recovery partner who is specially trained to provided individualised recovery support.

Instead of having a centralised Sensitive Claims Unit in Wellington, we are expanding that team across eight locations providing 1:1 support to clients with sensitive claims:

- Whangarei
- Newmarket
- Hamilton
- Tauranga
- Hawkes Bay
- Wellington

- Christchurch
- Dunedin.

In order of preference we'd match the client to a team member in:

- The closest location with a suitable team
- Another location in the area with a suitable team
- Another location elsewhere in the country with a suitable team

This gives clients better access to face to face contact with us where it supports their recovery. We'll aim to match clients to the nearest suitable team member who can work with them. If a client prefers a more distant team member, we can accommodate that preference.
When a sensitive claim is lodged, it's matched to a recovery partner who'll engage with the client, and work with them through to the supported assessment and into treatment.

We know that over time, needs change, and for many clients once they are in active treatment their need for contact with ACC reduces.

For some clients, this means that their needs could be met by a small team of dedicated specialist Recovery Assistants. In these cases, we'll have a conversation with the client and their lead provider to ensure that they are comfortable with this approach.

Clients aged 17 and under will always have 1:1 support.

Having a team specialised to manage our clients will ensure much more timely responses so that when our providers make contact, someone is available to respond.

We know having someone always available is important for our providers and our clients and having a small team available will reduce delays in receiving approvals for services.

Our model is flexible so that we can change the levels of support for our clients in line with their changing recovery needs. We will always have a conversation with the client and their lead provider to discuss potential changes to their support, first.

We will begin rollout of this new model over the coming 12 months. A client can choose to be managed outside of their local area. This request can be noted in the free text box when the engagement form is lodged, or by having a discussion with the recovery team member that contacts the client following the sensitive claim being lodged if it wasn't indicated in the engagement form.

We'll continue to provide training to team members and have system controls in place for file access to ensure confidentiality of sensitive personal information. Our system limits on who can access sensitive claims records remain unchanged; team members can only access client records when necessary to support client' s recovery.

There is detailed information available on the ACC website: https://www.acc.co.nz/for-providers/treatment-recovery/how-we-support-clients-throughout-their-recovery/

In particular you should find there the:

- Quick Reference Guide
- Questions and answers for providers
- Information for claimants

The early material about this new way of working was circulated to the professional bodies via "Your ACC Pānui" in July 2019, there was an update for ISSC Suppliers and Providers in August 2019, and, a further update provided in September 2019.

Specific concerns by members related to their interaction with ACC Psychology Advisor's or Case Owners
If these cannot be resolved directly with the individual Psychology Advisor at the time it is recommended that the member contact one of the Clinical Advice Managers-Psychology directly. Their contact details are:

- Jamie Macniven 09 354 8308 Jamie.Macniven@acc.co.nz

- Penny Kokot Louw 09 354 8315 Penny.KokotLouw@acc.co.nz

If the issue relates to Case Owners it is recommended that the member seek to contact the Case Owners Team Manager who will be in the best position to view the claim and understand and respond to the issues.

Social work reports
We have received feedback around a number of report-related matters including whether or not there should be a requirement for social work reports, and a request for these to be funded currently when they are completed. Any changes to any of the reporting requirements on the ISSC contract will ultimately be considered as we prepare for the re-tender in 2020. In the interim the social work input should be reflected in the progress reports. ACC does not require Social Work reports currently and as a result does not fund them.

Incapacity Assessments
For a period ACC incorrectly endorsed Psychologists as Incapacity Assessors. In fact the legislation is clear that incapacity must be determined by a medical practitioner, and ACC can only use psychologists under special circumstances and when a medical practitioner is not available within a reasonable time frame.

Workforce issues
There was a more general discussion about workforce issues and the availability of psychologists and other providers for ACC work, but also the availability of psychologists and other mental health disciplines in every setting nationally. We also discussed the pressures that this creates for clinicians in private practice especially when trying to get clients who are acutely unwell seen by DHB mental health services. ACC and the professional bodies have been working alongside other agencies such as universities, the Department of Corrections, DHBs and Ministry of Health to consider workforce issues, and ACC has been working with Ministry of Health to attempt to ensure that DHB's are aware that ACC providers can not typically provide acute care. In terms of ACC accessing providers on behalf of clients when this is requested by clients it is ACC practice to email a number of Suppliers who have staff potentially available in the required area as it is Suppliers who are most likely to be aware of the availability of their providers. ACC and individual Case Owners have no ability to identify who the actual providers/assessors are in any given location except via their Suppliers.

Address verification
We have had some questions about why ACC sometimes asks providers to give documents to clients directly. ACC must err on the side of caution when sending documents to a client. Many of our clients, when asked, do not want to receive this information at their home address or on their email address. Before we can send any information to a client we need verification from the client as to the best and most secure way of doing this. It is very helpful when providers note on the engagement form that the client is happy for ACC to send approval letters to their home address. Our privacy policy requires us to confirm with the client their own personal information, so if the client could also call our 0800 number and verify their address with our contact centre, that is ideal. It is really important that all information on engagement forms is 100% correct – recently we have had issues with correct spelling of client email addresses, which has caused some issues with emails bouncing back.

ACC consent to release information processes
There were some concerns that ACC has an overly complicated process for obtaining consent from client's to release or gather information, requiring multiple requests for consent. Clients are entitled to have issues of consent checked/rechecked whenever ACC is requesting information from third parties or distributing information to third parties even if the client has previously consented to that release/information gathering. This may mean that for some clients consent is sought on multiple occasions at different stages of assessment and treatment.

Emailing of notes to providers by ACC
Concern was expressed that it can be difficult reviewing notes on the computer, and that this is more difficult when pages are out of order or represent double ups. ACC note that to some extent we are dependent on other health care providers giving us the information in the correct sequence

but that we do endeavour to send the information in sequence and without double ups. This requires manual handling by our internal teams and inevitably we will not do this perfectly given the sheer volume of information we send out on a daily basis.

Psychiatric assessments
Concern was expressed that sometimes ACC appear to prefer a psychiatric assessment over a psychological assessment. The ISSC operational guidelines give guidance as to when a psychiatric assessment might be considered by the provider/supplier. These guidelines are not imperatives although occasionally some case owners will treat them as such. It remains true that when there is serious psychopathology (e.g.. psychosis, Bipolar affective disorder) a psychiatric assessment is often more appropriate because it allows for a medication review and recommendations to be made alongside the cover assessment and rightly or wrongly gives additional weight to those scenarios where pressure needs to be exerted on a DHB to appropriately pick up care.

Using treatment hours for treatment other than standard 1:1 counselling on ISSC.
If the lead provider is an ISSC treatment provider then they can deliver treatment via whatever modality they are trained in and consider necessary and appropriate for the clients covered mental injury. If treatment is proposed to be delivered by someone other than the lead provider then a) the new provider will also need to be an ISSC treatment provider; and b) the treatment will need to be necessary and appropriate for the client's covered mental injury. Any additional therapy would be funded at the standard ISSC rates. If the lead provider will be delivering treatment alongside any proposed additional treatment by another provider this will need approval from ACC and the allocation of hours within the Wellbeing phase would be shared by any dual providers rather than additional hours being allocated to a second ISSC provider. These requests are considered on a case by case basis. Although there are many therapies that clients might gain some benefit from for many reasons, ACC can only fund treatments that are both necessary and appropriate for the covered mental injury.

Feeding back reports via Skype, Zoom, Facetime, other video-conferencing.
Provided that report writers have carefully considered the guidelines for telepsychology and made appropriate arrangements to ensure privacy, security and client safety issues are made then it is reasonable to feed back reports via these means. The client's treating provider should be present with the client when the report is fed back so that they can support the client if necessary and can assist the client to ask questions to clarify and understand the report findings. It is likely that this will also assist the treating clinician to understand the report and its findings and recommendations.

Concerns regarding the pain contract.
There were concerns expressed that given the multiple potential pathways into the pain service some referrals made by suppliers had little information accompanying them. In the first instance this should be taken up with the supplier in order to get clarity around what the processes they are using to ensure that all available relevant information is being collected and/or to request more information in specific situations. Obviously providers can contact ACC if necessary and discuss concerns with the Portfolio Manager Mark.Crouchley@acc.co.nz

Concerns regarding report writing time and other activities not involving direct client contact.
The Psychological Services, ISSC contracts allow up to 10 hours report writing time for cover assessments; The Neuropsychological Assessments contract allows for up to 16hours and notes that this includes report writing time. Other activities such as note taking are factored in to the hourly rate in much the same way as they would be by clinicians charging private clients.

ACC is currently reviewing the reports/ format/ allocated time for all of the ISSC reports. Additional time can be requested via the Case owner but will need a clear rationale explaining how much additional time is needed (need to say more than "its complex"-need to say things like "there are 1000 pages of notes to review, I have done psychometric testing, there is a complex claims history with multiple claims and the client has not been straightforward to assess as he easily becomes emotionally dysregulated".

Personal Wellbeing Index (PWI) and WHODAS-2.0
ACC has regularly spoken at Supplier days about the importance of administering these measures on ISSC services as per the Service Schedule. That is:

- The WHODAS-2.0 should be administered and reported on during the supported assessment phase or with the Wellbeing Plan for returning clients, and again at the completion of Support to Wellbeing. It should also be reported on if a Treatment review Assessment occurs.
- The PWI should be administered at Early Planning or for returning clients with the Well-being Plan, and again at the conclusion of Support to Wellbeing or Support to Wellbeing-short term.

ACC has developed videos to demonstrate how these instruments can be used clinically to gain information that may be important for treatment planning, and to demonstrate how to score and report the scores correctly. It is important that both questionnaires are scored correctly and that the scores are reported in the correct format in the reports. This is because ACC uses the aggregated information across all clients to demonstrate that our service (ISSC) is effective in assisting clients to recover from mental injuries caused by sexual abuse, and ultimately would part of the rationale for any expansions of the service.

TI programmes
Our Training for Independence (TI) services are suitable for clients who require multidisciplinary support to address barriers to returning to their preinjury activities or to maximise their ability to participate in everyday life. The service can include a variety of allied health input (e.g. Occupational Therapists, Physios, Dietitians, Psychologists and Nurses). Service schedules and operational guidelines for the TI services are available online on www.acc.co.nz under resources. We can also provide a list of TI for Sensitive Claims Suppliers and the regions they hold the contract for to support local relationship building between Psychologists and TI Suppliers.

Next meeting:
Thursday 27th February 2020

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
Christchurch	26-29 March	NZCCP 31st National Conference "Tui, tui, tui, tuia"

Other Events

LOCATION	MONTH	PRESENTER/ CONTENT
Wellington	4 December	QPR Beyond Stress Management - Resilience Training
Auckland	9 December	MND New Zealand Research Conference
Auckland	12 December	QPR Beyond Stress Management - Resilience Training
Auckland	19-21 February	Level 1 Schema Therapy Training
Various	Feb, Apr, May	Emotionally Focused Therapy (EFT) Training
Auckland	13 March	Treating the effects of childhood abuse and neglect on young adults
Bay of Islands	18-21 March	New Zealand Pain Society 2020 Conference
Wellington	23 March	The Call Of Darkness: Managing Suicidality In Clinical Practice
Auckland	26-27 March	Introduction to Compassion Focus Therapy
Wellington	Mar, Jun, Sep	ACT workshops
Wellington/Christchurch/ Auckland	June	The Snow White Model: Working with complex and developmental trauma