

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

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### Mānawa maiea te putanga o Matariki

Celebrate the rising of Matariki

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### Presi-Rap

Kia ora tātou,

A lot has happened since our last ShrinkRAP update, way back in December. As always, the College office has been a very busy place over the past few months, with a great deal of work going on behind the scenes. Since our last update, we have been working hard with the Executive and Council to develop the College's Strategic Direction for the future, which will guide the work that we do over the next few years.

As you will be aware, a priority for the College last year was to raise our concerns about the chronic shortage of clinical psychologists in New Zealand, including our <u>submission to the Petitions Committee</u> on the petition of student member Lucy McLean. Following that submission, the Petitions Committee has <u>recently responded</u>, recommending that the government increase the numbers of paid internships in clinical psychology and reduce some of the barriers to training in New Zealand.

At the same time, the Ministry of Health has informed us that it has effectively doubled the number of internships that it funds directly and, in response to concerns regarding the availability of supervisors, has also provided funding for further senior psychology positions to support them. Clinical Psychologists have also been added to the 'green list' for fast tracked visa applications for overseas candidates. While these are significant steps forward, there's still a great deal of work still to be done to realise the vision of the He Ara Oranga Mental Health Inquiry. You can rest assured that we'll continue to advocate strongly for the role of clinical psychology in that vision. Thanks to those of you who contributed to our consultation on the proposal for a new Mental Health Act, which we submitted in January. As you may have read in the press, the College has also been asked to intervene in a case that is currently before the Court of Appeal and seems likely to redefine how we assess a person's ability to stand trial. This is an active case, so we are unable to release further details, however sincere thanks to members who have advised on this submission.

Thanks too to the many wonderful members who have volunteered their time to <u>support kiwifamilies affected by the crisis in Ukraine</u>. We know that these communities have greatly appreciated the offer of support, although only a few (perhaps due to stigma or lack of certainty about psychology) have taken up these free sessions so far.

Another of the strong themes of the work of the College is in supporting our members. We have had many wonderful senior clinical psychologists offer their support for our <a href="Tuakana/Teina Mentorship Programme">Tuakana/Teina Mentorship Programme</a> for trainee and early-career psychologists. If you are interested in being part of this scheme, either as a mentor or receiving mentorship, you can sign up <a href="here">here</a> any time.

As always, the College is a member-led organisation. If you have ideas or feedback for us on the work and direction of the College or wish to be more actively involved, please do get in touch with Caroline, Kara and Paul in the office.

Ngā mihi mahana kia koutou, Tricia & Angus Presidents

### **Ethics Advisory Panel Report**

The NZCCP Ethics Advisory Panel consists of six members of the NZCCP, who are all senior clinicians with a diverse range of clinical expertise. They are available to College members in a consultative role and provide advice to support members in their own decision making. The intention of the Panel is to publish deidentified advice (with the permission of the member) to the benefit of other members who may have experienced similar ethical dilemmas. As you read the advice below, please keep in mind that the information we provide is not necessarily exhaustive and that our function is advisory not prescriptive, offering a weighing up of important relevant issues to the questions at hand.

### **Questions posed to the Ethics Committee**

- 1. When parents are separated/divorced, does a clinician need consent from both parents to see the child or can one parent consent where they have shared and equal custody of the child?
- 2. If parents agree to meet to talk about the situation, can intervention with the child continue while the consent issues are being resolved, that is of course with the consent of at least 1 parent?

### **About this NZCCP Ethics Advisory Panel Opinion**

In order to prepare this advice, we have considered the following codes and legislation:

- Code of Ethics for Psychologists Working in Aotearoa/New Zealand, 2012 Principle 1.5
- Care of Children Act, 2004 Sections 4, 5, 16, 17.
- Family Disputes Resolution Act 2013. See the following for information about this: <a href="https://www.justice.govt.nz/family/care-of-children/resolving-parentings-disagreements/mediation-to-work-out-parenting-disagreements/">https://www.justice.govt.nz/family/care-of-children/resolving-parentings-disagreements/</a>

### **Specific Opinion**

# 1. Do I need consent from both parents to see the child or can one parent consent where they have shared and equal custody of the child?

- In practice, there are multiple times when one parent takes a lead role in supporting their child through health care processes and the other parent may not be aware or involved. Despite this, with situations when it is known that the parents disagree on health care provision, it is important to consider the situation further.
- Can the client consent for themselves? We assume this has already been considered as part of standard practice but provide the following guidance.
  - While New Zealand legislation, specifically the Care of Children Act 2004, did not directly adopt the "Gillick Competent Child" decision from the House of Lords, it is important to consider if a client under the age of 16 is able to provide fully informed consent themselves.
  - Where a person is under the age of 16, their parent or guardian often provides consent for them, although this is not always the case. The decision as to whether a person under the age of 16 can give consent themselves needs to be determined on a case-by-case basis. Generally, if the young person has the maturity and understanding to form a balanced judgement about the assessment and intervention processes that you would undertake, then the young person can consent (or refuse to consent) to the work without the need to obtain consent from their parent/ guardian. In these circumstances efforts should always be made to encourage the young person to involve their parents in this decision making.
    - If your client is able to provide fully informed consent to proceed or the ability to withhold consent, then that is what you should seek and then proceed or not, dependant on what they have consented to.

- We recommend caution with this if the client is under the age of 16 and being very careful to thoroughly check and document the level of your clients understanding if you do think that either of your clients are able to provide or withhold fully informed consent to participate.
- If you do decide that your client can provide their own consent, then please take required steps to have parents involved to the appropriate extent, particularly regarding steps around gathering assessment information and sharing information with them sufficient for them to continue to best provide safe care and welfare supports to enhance intervention and to reduce risk.
- If your client cannot provide their own fully informed consent, then we do need to look at the role of parents/guardian.
  - Where a child does not have capacity to make a particular decision, the child's guardians will make the decision on their behalf. In such circumstances, they should be provided with all the information that the child themselves would be provided with if competent.
  - The starting point is the presumption that consent from both parents is <u>ideal</u> in relation to decisions about the children as part of their status as guardians.
    - This is embodied in the Guardianship sections of the Care of Children Act 2004, specifically section 17 Father and Mother as joint guardians.
    - Section 16 embodies the rights of guardians to make decisions in relation to important areas of the child's life: culture, language, health, education.
    - This further holds that guardians MUST act jointly with other guardians, particularly in relation to a child's welfare and best interests (s 5, Care of Children Act 2004).
  - Section 4 of that Act states that the child's welfare and best interests are to be paramount. This is also embodied in the Code of Ethics 1.5:
    - 1.5.1. In any work where children/young persons are involved, psychologists recognise that the interests and welfare of children/young persons are paramount, and therefore given precedence over other considerations. Such an implication is spelled out in relevant legislation.
  - If the parents do end up agreeing, then you can go ahead, of course.
  - If they continue to disagree, then an option that parents can explore is to pursue a resolution through the Family Dispute Resolution Act 2013.
    - Please consider if there are any care and welfare issues from withholding consent to assessment and intervention that may require notifications to additional agencies, such as Oranga Tamariki.

# 2. If parents agree to meet to talk about the situation, can intervention with the child continue while the consent issues are being resolved, that is of course with the consent of at least 1 parent.

- If your contact with the child is not due to an "emergency", time should be taken to get agreement between guardians where possible. The time taken can vary depending on the associated risk of giving that time, taking the child's care and welfare into consideration.
- It is up to you, in consultation with your supervisor or other appropriate colleague(s), to consider if ongoing input to your clients while their parents sort out consent issues is required to address risk related issues.
  - Considering issues around potential severity of harm, both physical and psychological (including social) and likelihood of such harm is key, and then considering imminence.
  - Do you need to continue involvement with your client now to address the harm, or do you have time to wait?

If, in the end, you do not get consent from both parents for either or both clients, and they have not sought a formal resolution, then it is advised to weigh up all of the reasonably identified costs

and benefits of going ahead with the consent of just one parent as well as the costs and benefits of not going ahead (i.e., a two-by-two matrix – benefits/costs x proceeding/not proceeding) and to consider whether the child's welfare and best interests are promoted by ongoing contact or not. That way, if there is a complaint from a parent who has not given consent, you can show your decision-making process clearly and this is likely to be what the "reasonable practitioner" would have done to promote the child's welfare and best interests.

We advise as part of the risk decision matrix, considering the potential harm to the child if therapy proceeds without parental agreement – is there the chance of harm to either child if they proceed with therapy against a parent's wishes? Would such harm outweigh risks associated with not proceeding?

A further matter to consider is efficacy of your potential intervention. Our Code of Ethics requires us to provide safe and appropriate treatment (beneficence), to mitigate the potential of harm from treatment (non-maleficence) and it imposes a duty of care to take steps to mitigate identified risks. Have you got a strong evidence base for your potential treatment plan to back up the clinical steps you will take with these clients, if you do go ahead? Are other forms of treatment available (such as family or systems based interventions rather than individual intervention) that the parents would agree to that may be as effective or more effective? Your rationale for intervening must be based on well-established evidence-based practice, as well as consideration of risk reduction.

If you think any child is at risk of significant harm to themselves, what intervention is likely to be the most effective way of reducing that harm? Are there effective steps that could be taken to reduce this risk that does not include your involvement while parents negotiate this dilemma?

### **NZCCP Membership News**

### Newly approved NZCCP members

The National Executive welcomes the following new members who have joined the College since the last ShrinkRAP.

### **Associate Members**

Samuel Clack (Wellington)

Nikki Beukes (Auckland)

Julie Cox (Canterbury)

Crysta Derham (Taranaki)

Erica Eramus (Canterbury)

Jessica Gerbic (Auckland)

Vanessa Gray (Canterbury)

Taryn Hale (Canterbury)

Christiana Hartley (Wellington)

Caitlin Heesterman (Wellington)

David Henderson (Dunedin)

Evelyn Henry (Southland)

Jennifer Jeffrey (Wellington)

Brooke Johnson (Canterbury)

Kelly Lawrence (Wellington)

Catherine (CJ) L'Hoste (Hawkes Bay)

Annette Levine (Wellington)

Amber McAllister (Tauranga)

Philippa McDowall (Wellington)

Arran Milne (Wellington)

Devin Prouty (Auckland)

Justine Smith (Auckland)

Andy Walmsley (Taranaki)

Anna Walters (Auckland)

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Victoria Watkins (Nelson)
Jenny Williams (Wellington)
Adrienne Wootton (Wellington)

### **Full Members**

Phillipa Appleton (Dunedin)

Craig Barretto (Auckland)

Milesa Cepe (Canterbury)

Misha-Joy Clark (Hawkes Bay)

Nicola Crook (Wellington)

Jane Dugdale (Wellington)

Madeline Dykes (Otago)

Gloria Fraser (Wellington)

Olivia Galloway (Dunedin)

Jessie Gwynne, (Christchurch)

Sophie Hedley (Wellington)

Evelyn Henry (Invercargill)

Tracey Irving (Waikato)

Henrik Klausen (Wellington)

Annabel Marshall (Wellington)

Tamyra Matthews (Palmerston North)

Jessie Mee (Auckland)

Peati Mene-Vaele (Canterbury)

Molly Murphy Wittig (Blenheim)

Kristopher Nielsen (Wellington)

Gerard Pauley (Waikato)

Michelle Pedersen (Wellington)

Catherine Pihema (Wellington)

Helen Rathore (Nelson)

Alex Richards (Canterbury)

Natasha Roughan (Otago)

Barbara Rysenbry (Auckland)

Leah Teschner (Christchurch)

Mandy van Harmelen (Auckland)

Simon Waigth (Northland)

Uta Waterhouse (Wellington)

Abigail Yong (Auckland)

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

The National Executive congratulates these people on attaining their new membership status.

### **NZCCP membership Benefits** include:

The <u>Find a Clinical Psychologist resource</u> which also now has an availability field so you <u>can indicate</u> whether or not you are available for new clients and referrals, and also *when* you are available. If you are in private practice and/or you already have a listing please go to <a href="https://www.nzccp.co.nz/your-account/manage-your-private-practice-details-for-publication/">https://www.nzccp.co.nz/your-account/manage-your-private-practice-details-for-publication/</a> to add or update your private practice details and please make sure that you include your availability! 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.

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.

**NZCCP hosted Zoom presentations:** The College has been hosting a series of monthly hour long continuing education webinars for members. Most of these are available to view <a href="here">here</a>.

<u>Free access to ProQuest's Health Research Premium Collection Central</u>, the world's most varied collection of health sciences literature.

Access to excellent Professional Indemnity Insurance: Members of the College can purchase membership of the <u>Medical Protection Society (MPS)</u>, which provides access to legal advice and representation in the event of a hearing. The <u>Medical Protection Society (MPS)</u> also facilitates a free EAP style counselling service for members who may be having difficulties or issues in their personal or professional lives.

The **Facebook group for private practitioners** provides a forum for sharing ideas and information relating to running a private practice. Click on this link and ask to join the group: <a href="https://www.facebook.com/groups/1974851039510715/">https://www.facebook.com/groups/1974851039510715/</a>. The College's Facebook activity also includes other discussion groups including the teletherapy discussion group, the family court special interest group, Psychologists Providing Services to NZ Police group, student members group, and branch groups for Auckland and for Otago/Southland. Recently added groups include All Members' Facebook group, which is open to all College members, and the NZCCP ACC Clinical Psychology Providers Group, a discussion/support page for NZCCP members who work under the ACC Contracts. If you're a Facebook user, please feel free to click on and sign up to those groups. Please don't hesitate to let me know if you want me to create more regional or special interest groups within the page.

Please to go the <u>NZCCP facebook page</u> at <u>https://www.facebook.com/nzccp/</u> to post and to like and share events and other interesting and relevant information.

# Benefits of College membership for Clinical Psychology Students - Kaimātai Hinengaro Tāuira

Resources for students

You can find information on various topics related to clinical psychology work here (<a href="https://www.nzccp.co.nz/membership/members-only-resources/recommended-resources-2/">https://www.nzccp.co.nz/membership/members-only-resources/recommended-resources-2/</a>). This will grow over time as we ask College members who work in each area to add their "go to" resources. If you have a resource you've found particularly helpful please share it with us by emailing Caroline (Executive Director) at <a href="mailto:office@nzccp.co.nz">office@nzccp.co.nz</a>. Advocating for students:

The College leadership meet regularly with government ministers and write letters in support of issues pertaining to clinical psychology students. If there are issues you would like the College to address on your behalf, please let us know by contacting your local student rep or the national student representatives (General Student Representative George Guthrie and Māori Student Representative Irie Schimanski are available to kōrero with at <a href="mailto:studentreps@nzccp.co.nz">studentreps@nzccp.co.nz</a>). NZCCP member benefits for clinical psychology students include:

- Free <u>professional indemnity insurance with the Medical Protection Society (MPS)</u>.
   MPS also facilitates a free EAP style counselling service for members who may be having difficulties or issues in their personal or professional lives.
- 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.
- Annual scholarships and student prizes at our annual conference
- Reduced subscription fees for the first two years of membership of the College after you graduate

- The NZCCP has a strong emphasis on supporting Māori through clinical psychology training and tautoko the kaupapa of <u>Te Paiaka Tipu</u> (Māori psychology students) and <u>He Paiaka Totara</u> (Māori psychologists).
- Short videos for NZCCP student members: NZCCP student reps interviewing a number of different clinicians from various fields (i.e. Corrections, private practice, DHB), including our very charismatic Maori psychologists, talking about their work and other extremely useful topics.
- NZCCP student member Facebook group at https://www.facebook.com/groups/172521526883530/ for clinical psychology students across New Zealand to connect with each other and the College.

For a full list of please go to Clinical Psychology Students - Kaimātai Hinengaro Tāuira

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:

**NZCCP Events** 

**Other workshops and Seminars** 

For a more detailed list of what's coming up please go to <u>National Education Training Timetable</u> **Job vacancies:** 

**North Island** 

South Island

### **NZCCP Grants and Scholarships**

We congratulate the 2022 award winners, while at the same time commiserating with those who missed out, and we would like to say that, as always, it was a close call.

NZCCP is delighted to announce the following award recipients:

The NZCCP Research/Study Award, of \$6,000, was awarded half each to Meg Stairmand to help fund the costs of a research project she is undertaking this year, exploring the role of trauma (more specifically, dissociation) in violence perpetration, and to Penny Kokot Louw to help pay for her VuW Doctor of Health degree, VuW, research proposal topic "The framing of fatness in the profession of psychology in Aotearoa New Zealand".

The annual **NZCCP Emerging Leaders Development Grant** wasn't awarded this year.

The <u>President's Award</u>, of \$1,500, was awarded to Mikaela Carter to attend the *ACT workshop* and the Sleep Downunder 2022 conference & short courses. Mikaela is in the DClinPsych programme at Massey University, Wellington.

The <u>NZCCP Travel Grant</u> was awarded to Jessica Reedy to attend the NZCCP Otago/Southland branch workshop: *Bewitched, Bothered, Bewildered or Burnt out by borderline personality disorder.* 

The College heartily congratulates all award recipients.

Invitations to apply for the 2023 grants and scholarships will be sent out in December.

### **Journal NZCCP**

The next Journal, Vol 32 (1) 2022, will be published in the spring of 2022. The theme for this issue is "Technology and therapy".

We welcome your submissions for this issue, provided you can get them to us by mid-April at the latest!

Articles may be short (even a few paragraphs) or longer, experiential or data driven, and about (for instance) psychological practice, personal experience, or reflections. Material can be published anonymously if you prefer.

Here are some types of submissions:

- case studies
- descriptions of innovative practice
- accounts of your experiences
- empirical research
- poems
- opinion pieces
- reviews of talks you have attended or books you've read
- an opinion about a piece we have previously published.

Please also let us know if there are any other clinical psychologists you think we should approach. We are very much looking forward to receiving your wonderful submissions (which can be submitted online here: http://www.nzccp.co.nz/about-the-college/publications-and-resources/journal-nzccp-article-submission/)!

Thank you for your help, Wade, Liesje, Caroline and Kara

### **Unsung Heroes**

Helen Buckland-Wright

Often we acknowledge those who have done something visible, tangible and noteworthy that is well publicised. However, I am struck by all of the unsung heroes within our profession that are rarely heard of. This could not be more true of the clinical psychologists in Auckland during this pandemic whom I would like to acknowledge as having gone above and beyond all reasonable expectations. During the lockdown I have seen my colleagues cope with unimaginable change and stress in their personal lives whilst also continuing to support our clients in the midst of a broken mental health system. For some us there were days where we sacrificed our own mental wellbeing to support our clients through a crisis. We faced personal ethical decisions about how we protect our own health, educate our tamariki, look after our whanau, and check in on neighbours, all whilst continuing to show up for our jobs. Some of us of us have experienced financial hardship. For many, the strain of all of this has impacted our relationships and taken its toll personally. Whilst there have been many joyful aspects of lockdown, the difficulty of living through this pandemic doing the work that we do should be acknowledged. So as we step in 2022, and Auckland is again likely to be at the forefront of the spread of Omicron, I want to acknowledge the clinical psychologists of Auckland, quietly going about their day and doing their best.

He aha te mea nui o te ao? He tangata, he tangata, he tangata!

### **NZCCP Wāhine Connect**

Registrations for the Wāhine Connect February mentoring cohort are now open. For those of you who haven't heard of Wāhine Connect before, they are a NZ-based charitable trust designed to support women working in the health sector. Their primary function is to match women looking for

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advice and support to mentors across the country, and provide a structured mentoring programme. They run two kinds of mentoring programmes – JUMP and JOURNEY – full details can be found on their website.

https://www.wahineconnect.nz/join-us

The registration link to join the programme as a mentee is -

https://www.wahineconnect.nz/mentees/

Wāhine Connect are also looking for more mentors for their database so if you are interested in signing up for that then here is the link - <a href="https://www.wahineconnect.nz/mentors/">https://www.wahineconnect.nz/mentors/</a>
For any questions on the programme feel free to contact Tash Crosby tash@wahineconnect.nz

### ACC liaison meeting minutes and resources

- ACC+NZPsS+NZCCP Meeting Minutes 28.02.2022
- ACC+NZPsS+NZCCP Meeting Minutes 30.05.2022
- Resolving issues together
- Information Disclosure forensic settings

# Invitation to participate - Psychologists' stress, burnout and resilience during COVID-19, in Aotearoa New Zealand



People rarely ask psychologists how we are doing – and we want to know!

We are conducting research into psychologists' professional quality of life, burnout and the impact of COVID-19.

Even if you completed our study last year, please take 20-30 min to answer again so we can compare responses over time (anonymous, aggregated data only).

Please click on the link below to participate in this important research: <a href="https://aut.au1.gualtrics.com/ife/form/SV">https://aut.au1.gualtrics.com/ife/form/SV</a> 6D2k0cbkwkigel8

### Research study into texting in ICAMH Service

Have you ever, either now or in the past, used or thought about using text messaging to communicate with the people you support in either a DHB ICAMH service or an NGO CAMH service?? I'd like to

Brenna Adams is a registered occupational therapist studying for a Master's in Health Practice (ICAMH) at the University of Auckland and asks for your help with her research project into text messaging in CAMH services. Please click on the link below to her online survey, which should take approximately 10 minutes.

Your participation is completely voluntary, and anonymous.

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If you work in a DHB or NGO service that supports children and / or adolescents and their whanau / caregivers with mental health issues, then please click on the link below:
Link to Qualtrics Survey: <a href="http://tinv.cc/ICAMH-texting">http://tinv.cc/ICAMH-texting</a>

Your help is truly appreciated. If you have any problems accessing the survey or any questions during or after the survey, please feel free to contact me at <a href="mailto:bedw005@aucklanduni.ac.nz">bedw005@aucklanduni.ac.nz</a>

Please refer to the <u>Participation Information Sheet</u> for further details regarding this research – including consent.

Thank you so much for your time and effort

Approved by the University of Auckland Human Participants Ethics Committee on  $\underline{29/03/2022}$  for three years. Reference number  $\underline{UAHPEC23217}$ 

Participant Invitation: Conceptualising and operationalising the Professional Identity of Clinical Psychologists in Aotearoa/New Zealand

NZCCP member Hannes Venter is currently conducting some research on Clinical Psychologists' professional identity. Please <u>download the Professional Identity Phase 1 and 3 Information Sheet and Consent form here.</u>



# 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

Various Various NZCCP hosted "He Puna Whakaata" Roadshow, 2022/23

Wellington 23-27 March 2023 SAVE THE DATES: NZCCP Conference & Associated Workshops

### Other Events

LOCATION MONTH PRESENTER/ CONTENT

Webinars Various <u>DBTNZ webinar training series</u>

Various Various <u>2022 Trauma Education presented by Dr Leah Giarratano</u>

Webinars Various <u>NZSIGN Monthly Neuropsychology Webinar Series</u>

Various Various <u>EMDR Institute Trainings</u>

Online training N/A <u>Foundations in Suicide Prevention All New Online Training</u>

Online training Various <u>Mindful-Somatic Trauma Therapy Trainings</u>

Wellington 25-26 July 2022 <u>Sharpen Your Skills ACT Workshop</u>

Online 31 August <u>ACT & Exposure Response Prevention (ERP) for OCD</u>

Online 15 September <u>Foundations of Behavioral, Social, and Clinical Assessment of</u>

Children, Seventh Edition

Auckland 17 & 18 October Workshop: Transformative Clinical Supervision

Online 13-14 October The Use of Adapted Dialectical Behaviour Therapy Coping Skills for

Cognitively Impaired Clients with Challenging/Offending Behaviours



# Trauma Education

## presented by Dr Leah Giarratano

Leah is a doctoral-level clinical psychologist and author with vast clinical and teaching expertise in CBT and traumatology since 1995

A highly regarded trauma focused program for all mental health professionals. Offered in Australia and New Zealand and internationally as a self-paced online program or via 4-day livestream

### Trauma Education: Day 1 - 4 overview

There is a difference in the best-practice treatment for PTSD and Complex PTSD. This program synthesises practical approaches from several modalities that are publishing positive outcomes for these clients, and presents them using actual cases that will underpin your clinical practice in traumatology. The content is applicable to both adult and adolescent populations. The techniques will be immediately useful and effective for your clinical practice. The program will explain when exposure-based interventions are indicated and appropriate, and when other therapeutic needs must be addressed first.

Day 1-2 is dedicated to treating PTSD clients utilising a cognitive behavioural approach. Day 3-4 is dedicated to the treatment of Complex PTSD (survivors of child abuse and neglect/prolonged interpersonal trauma) utilising the phase-based approach and incorporating current experiential techniques showing promising results with this population; drawn from Emotion Focused Therapy for trauma, Metacognitive Therapy, Schema Therapy, Attachment pathology treatment, Acceptance and Commitment Therapy, Cognitive Behaviour Therapy, and Dialectical Behaviour Therapy.

### Upcoming online offerings for 2022

Self-paced online commencing 1 Feb, 1 Apr, 1 Jul, 1 Oct and 1 Nov 2022

17-18 + 24-25 March 2022 **Livestream** 9am-5pm AEDT

19-20 + 26-27 May 2022 **Livestream** 9am-5pm WAST/HKT

2-3 + 9-10 June 2022 **Livestream** 9am-5pm AEST

16-17 + 23-24 June 2022 **Livestream** 9am-5pm NZST

1-2 + 8-9 September 2022 **Livestream** 9am-5pm AEST

18-19 + 25-26 November 2022 **Livestream** 9am-5pm AEDT

Please visit our website for capital offerings in Australia and New Zealand in 2022

**Day 1-4 online mode program fee is** \$1,270 Australian Dollars (AUD) for NZ residents. The NZ fee for Day 1-2 (or Day 3-4) is \$680 AUD when you register at different times.

**Day 1-4 Auckland program fee is** \$1,390 Australian Dollars (AUD) for NZ residents. The NZ fee for Day 1-2 (or Day 3-4) is \$795 AUD when you register at different times.

**Livestream:** The four days are split into two days, one week apart. They are highly interactive and include three-months complimentary access to self-paced online to consolidate learning.

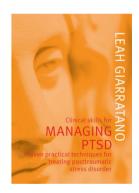
**Self-paced online** Engaging three months access. Not a recording of a past live event and includes access to a livestream of the program you register for during your access period.

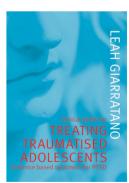
**Both online modes** include 4 trauma case studies after completing the program to apply the Day 1-4 skills to real cases and improve your trauma case formulations.

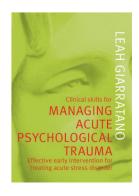
Time commitment is: 30 hours (or 39 if you return 4 completed case formulations)

Please visit <a href="https://www.talominbooks.com">www.talominbooks.com</a> for further details about Leah's books and this Day 1-4 trauma education, also watch Leah present an overview of Day 1-2 and Day 3-4









# GETTING THE LOVE YOU WANT WEEKEND WORKSHOP FOR COUPLES

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