



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

ISSN 1174-4251 (Print)
 ISSN 1175-3110 (Online)

Koanga puapua, koanga ngawhā
Spring, a time of budding blossoms

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Presi-Rap

ClinPsych in the Continuing Time of Corona

Malcolm Stewart, President NZCCP

It has been something of a joke since at least September "Let's put up the Christmas tree and bring this terrible year to an end". Well, that end is finally arriving. We can all hope for better for next year, but for our clients and perhaps for ourselves the challenges continue. Many people have ongoing financial hardship including unemployment arising from Covid 19. Many clients describe exacerbations of general and health anxiety due to Covid, and people with family overseas describe concern and grief at having risk and no ready access to these loved ones. Many workplaces describe ongoing edginess in day-to-day interactions between staff and between staff and clients. Increased rates of family and intimate partner violence over lockdown will have its

ongoing effects. Those who work with couples continue to see relationship problems exacerbated by the closeness and/or tension of the Covid situation. And its impacts on the already-inflated property market make it even harder for renters or home-buyers alike. If one takes a simple-but-useful definition of quality of life - "Somewhere to live, someone to love, and something meaningful to do," the Covid situation creates a king-hit on all aspects.

Many of these are things that we as clinical psychologists have an important role in helping with. Our direct clinical work to help people recover and increase their resilience is the obvious one. "Treating the organisation as a client" by observing the additional tensions in (our own and other's) workplaces and developing psychologically-sound systemic and individual approaches to mitigate the tensions will also be valuable. Doing what we can from (for most of us) our position of relative privilege to support organisations that buffer the financial, social, and other consequences of Covid 19 with our money and possibly our mahi is also important. There will also be new challenges we can assist with, such as helping to reduce vaccine hesitancy so Aotearoa New Zealand can achieve effective community immunity.

The NZCCP will do what it can to support you in your efforts to help Aotearoa New Zealand and the people here to "bounce back" from this year. If you have thoughts about how the NZCCP can support this work, please let us know, and please be prepared to get involved in making it happen! But for many of us right now it is almost time to take a breath and do the holiday-season things that allow us to "recharge our batteries" after this draining year. A young client of mine recently articulated a core concept of mindfulness in quite a beautiful way. He said

"I haven't trusted my future-self to make decisions for me, so I've kept on trying to make tomorrow's decisions today. I now realise that my future-self will be at least as good as I am at making decisions, so I don't need to spend time today trying to second-guess tomorrow"

Hopefully we can take some of this spirit into the holiday season. Our best wishes to you and your loved ones for a happy, peaceful, fun, and rejuvenating holiday season, and a happy, healthy, satisfying, and successful 2021.

REGISTER NOW

for the
NZCCP 31st National Conference



"Tui, tui, tui, tuia" "Bind, join, be united as one"

Saturday 27 & Sunday 27 March, 2021

Rydges Latimer Christchurch

[Download the conference flyer for more information](#)

Professional vs Public Indemnity

The National Office has once again been receiving 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 *public liability 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.

The [Medical Protection Society \(MPS\)](#) offers *professional indemnity* which includes access to legal advice and representation in the event of a hearing. MPS also facilitates a free EAP style counselling service for members who may be having difficulties or issues in their personal or professional lives.

Read here for more [information about MPS professional indemnity](#) and to apply please complete and send the relevant application form to NZCCP at office@nzccp.co.nz

- [Medical Protection Society \(MPS\) membership application form for NZCCP Full or Associate Members](#)
 - [Medical Protection Society \(MPS\) Membership Application form for NZCCP Student Members](#) (Student members of the NZCCP are entitled to be covered by the MPS scheme at no cost).
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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

Rebecca Armstrong, Hamilton
 Ursula Bach, Auckland
 Jeremy Caunt, Christchurch
 Charlotte Chalmers, Wellington
 Lorraine Craig, Wellington
 Celia Mandeno, Auckland
 Tamyra Matthews, Wellington
 Brodie McKinlay, Wellington

Full Members

Jacinda Calkin, Auckland
 Judith Elder, Auckland
 David Kahn-Higgs, Auckland
 Sandra Laurenson, Tauranga
 Isabel Randell, Auckland
 Chelsea Richards, Auckland
 Amie Sinden, Wellington

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 include:

The **[Find a Clinical Psychologist resource](#)** which also now has a new availability field so you **can indicate** 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 <https://www.nzccp.co.nz/your-account/manage-your-private-practice-details-for-publication/> 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.

[Continued free access to ProQuest's Health Research Premium Collection Central](#), the world's most varied collection of health sciences literature.

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: <https://www.facebook.com/groups/1974851039510715/>.

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 **[National Education Training Timetable](#)**

Job vacancies:

[North Island](#)

[South Island](#)

Please go to 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.

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

Support for student members

Our student members have told us that completing clinical psychology training can be challenging. They are required to sustain very high workloads and clinical work, which can have distressing content that students (and clinicians) respond to in a variety of ways. Support from academic staff or clinical supervisors is often complicated by these individuals also assessing and grading the student's performance. If you find yourself wanting to speak to someone privately in a therapy capacity, you are not alone! In addition, self-reflection is a critical skill for a psychologist to develop and therapy can assist in this process. If you are looking for a therapist, you can explore a range of options at

Resources for students

You can find information on various topics related to clinical psychology work here (<https://www.nzccp.co.nz/membership/members-only-resources/recommended-resources-2/>).

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 office@nzccp.co.nz.

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 studentreps@nzccp.co.nz).

NZCCP member benefits for clinical psychology students include:

- Free [professional indemnity insurance with the Medical Protection Society \(MPS\)](#). 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 [Te Paiaka Tipu](#) (Māori psychology students) and [He Paiaka Totara](#) (Māori psychologists).
- [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](#)

Journal NZCCP

Along with many of the other changes and adaptations we have had to make this year, we have now also rescheduled and renamed the publication of the Journal NZCCP to be more seasonal. The next Journal published will now be the "Summer" issue with a new deadline for submissions of 15 January 2021. The theme for this Journal issue is **'Evolutions of therapy: new approaches to old problems'**.

This builds on the last Journal's theme by reflecting on how things have been broadly changing at a very rapid rate not only for psychology as a field, but also across the globe. This might be related to recent changes, or broader advancements within the field. We are interested to hear how you all have been progressing things in your practice and research, and what things are starting to look like as time goes on for us all.

Articles may be short (even a few paragraphs) or longer, experiential or data driven, and about (for instance) psychological practice, personal experience, or reflections on COVID-19's impact on society, now and into the future. We would also very much appreciate contributions about your reflections and learnings. Everybody will have their story to tell, and all stories may help with preparation for any similar events in the future, so please be prepared to share. 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.

All articles/opinions are peer reviewed. The deadline is 15 January to allow us time for peer reviewing and changes, and please note that this is somewhat flexible.

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 \(which can be submitted online here: <http://www.nzccp.co.nz/about-the-college/publications-and-resources/journal-nzccp-article-submission/>\)!](http://www.nzccp.co.nz/about-the-college/publications-and-resources/journal-nzccp-article-submission/)

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

Obituary for Glenda Graham

Elizabeth Gutteridge

I have known Glenda since the mid 1990s when we began co-supervising. At the time I was living in Alexandra and Glenda was in Invercargill - we were both in private practice in relatively isolated, largely rural communities, with few professional colleagues. It was wonderful to be able to discuss the particular dilemmas and challenges that could arise in those communities.

Both of us were necessarily generalists, contracting services to various agencies so our case discussions were very varied and interesting, ranging from physical and head injuries through trauma to family services, working with offenders, and addressing boundaries and tricky ethical issues.

As a result of some of the trauma cases she encountered, Glenda became particularly interested in severe forms of dissociation. Undertaking overseas training, she developed skills in treating identity dissociation and became a member of the International Society for the Study of Trauma and Dissociation. She provided invaluable treatment to people who had suffered severe traumatic injuries.

Glenda liked to be busy and cultivated a range of interests during the time I knew her: she loved music and regularly attended music festivals, learned the violin and joined the fiddle club and the local orchestra, was an active member of the film club and the University Women's group, and a member of a tramping club and a cycling group, among other things. She had an eco-house built in the early 2000s. In her later years she was very involved with her grandchildren.

In late 2018 she learned she had cancer. Initially she responded well to treatment, and was able to keep seeing (not quite so many) clients. Glenda loved her work and felt there was still so much she wanted to do: she became frustrated by the lack of options available in NZ, so later in 2019 she travelled to Sydney for further treatment.

In December 2019 she contacted me to say she was in Dunedin hospital – she had been on a coast to coast cycling trip and broken her leg. When I saw her she was sporting a cast but in very good spirits, and talked about how she had recovered her strength and fitness and done as well as the other participants.

Sadly, Glenda's health declined in the latter half of 2020. She continued working in the afternoons, up to a few weeks before she died. She was very concerned for the clients she had to turn away, as well as for her long-term clients: Invercargill has relatively few highly skilled mental health professionals.

Glenda was fully involved in her own terminal care decisions, and died peacefully at home on 18-10-2020.

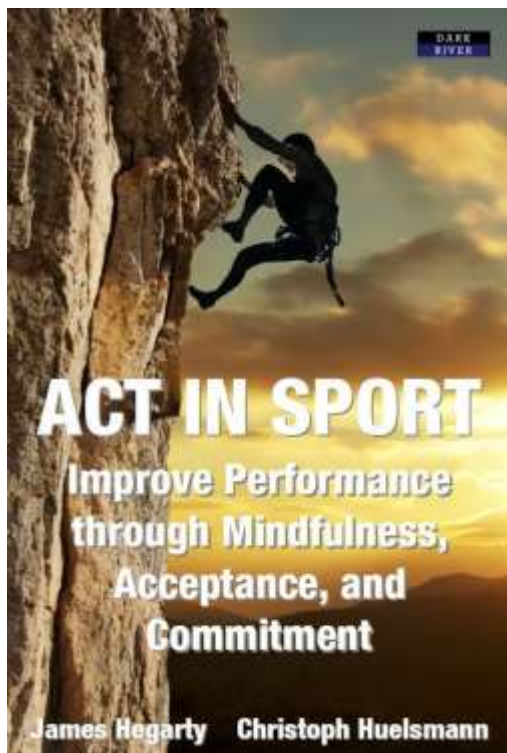
I miss discussing my work with her, and sharing snippets of our personal lives, and feel very grateful for all the support she provided over the years of my work in private practice. I am sure there are many clients who remember her with much gratitude. She leaves a significant hole in the Mental Health services in Invercargill.

She also leaves a son and daughter and two grandchildren to whom she was close.

Glenda joined NZCCP in 1990, soon after the College became an incorporated society.

Our Clever Authors – James Hegarty & Christoph Huelsmann

NZCCP members James Hegarty (Otago) and Christoph Huelsmann (Wellington) have written a new book - *'ACT in Sport: Improve Performance through Mindfulness, Acceptance, and Commitment'*.



This book is a practical manual offering a structured approach for increasing psychological flexibility and enhancing performance, specifically in sports contexts. While primarily targeting athletes, sport psychologists, and coaches, the principles and exercises can also be applied in other areas.

In this training manual we aim to help people clearly identify specific situations where they struggle, and through mindfulness, acceptance, and commitment strategies assist them to respond more flexibly and effectively.

Patrick Smith, and Steven Hayes state in the foreword: "This short and clear book will walk you through the foundational elements and tried and true practices of Acceptance and Commitment Therapy or Training. It lays out common sport scenarios where you are likely to put these ACT skills into practice, creating an overall set known as "psychological flexibility".

We also draw on exercises from MiCBT (Mindfulness integrated Cognitive Behaviour Therapy), and a body-based approach to mindfulness.

The principles of ACT are woven throughout, in chapters covering anxiety, motivation, self-esteem, and mindfulness - each interspersed with practical exercises and illustrated with examples of scenarios. Important concepts such as individual and team values and troubleshooting in specific situations are examined. Additional exercises can be found in the Appendix and a workbook is available as a download from the publisher's website. It is worthwhile noting that the principles, practices, and exercises available in the book can also apply to any performer, or those working in high performance areas: such as, musicians, dancers, and business professionals.

More information, including links for purchase can be found on the publishers' website at Bennion Kearny: <https://www.bennionkearny.com/book/act-in-sport-mindfulness-acceptance-and-commitment-book-ebook/>

Our Clever Authors – Gwendoline Smith

Auckland member Gwendoline Smith published [*The Book of Overthinking*](#) earlier this year, and which has become a runaway bestseller, with an incredible 20,000 copies.

Overthinking, ruminating, worrying: bestselling author Gwendoline Smith explains this common form of anxiety and offers helpful advice for overcoming it.

Overthinking is also known as worrying or ruminating and it's a form of anxiety that many people suffer from.

Psychologist and bestselling author Gwendoline Smith explains in clear and simple language the concepts of positive and negative overthinking, the truth about worry and how to deal with the 'thought viruses' that are holding you back.

She helps you understand what's going on in your head, using humour, lots of examples and anecdotes, and she offers powerful strategies for addressing your issues.

Based on cognitive behavioural theory, this book will help you in all the key areas of your life: from your personal life to relationships and work.

The Girl on the Bridge



The Girl On The Bridge, is a new kiwi documentary that tells the story of mental health activist Jazz Thornton – her journey to overcome a suicidal past, to help others with their struggles and the personal cost of her advocacy. It is a response to our collective anguish about the suicide crisis in our communities and our desire to “do something”.

We are making it available to workplaces and community groups around the country to screen as part of Mental Health Awareness Week (September 21-27) and beyond. A workplace screening of the film can be a good way to kick-off constructive discussions about the role that each and every one of us can play in our community response to the suicide crisis.

It is OK to talk about suicide and by choosing to host a screening of *The Girl On The Bridge* you are helping to remove the stigma and to break the silence that surrounds the suicide crisis. To assist with these events, our team has compiled clinician-endorsed resource kits to help screening hosts plan their event and also conduct safe and supportive post-screening discussions.

The trailer for the film can be viewed [here](#) (Please be aware this trailer deals with the subject of suicide), and visit our [website](#) to find out how to host a screening.

Health Informatics New Zealand (HiNZ)

The recent HiNZ eMental Health & the pandemic FREE webinar is now available on demand for free for your members to view. The link to watch on demand is as follows:

https://webcast.hinz.nz/Mediasite/Showcase/ehn_live2020/Presentation/5a39dc93736e4317a345e4bd90bf8591d

The web page with more information about the webinar 'eMental Health & the pandemic' has all the information and bios for the panellists, as follows:

<https://www.hinz.org.nz/page/Webinar-2Sept2020>

Idle Comments from the Couch

Chris Skellett, MSc Clin Psych Life Member NZCCP

(In which members share brief thought-provoking exchanges with clients that open up rich material for further clinical debate)

"I'm not really stressed, it's more of a strain...."

Ah! The stresses and the strains of life! Many years ago, it was not unusual to hear clients complain of feeling a bit 'strained', or being 'under a little strain'. But these days, they invariably describe the pressures of life purely in terms of stress. The word 'stress' has come to dominate our psychological lexicon. Nine out of ten clients will report feeling stressed, but few will describe feeling the strain.

In describing how we cope with pressure it seems that psychology borrows technical terms from other disciplines, and so on behalf of the profession, I decided to explore a little further...

Physiotherapists will talk of stress largely as fractures of bones, while strains are reserved for groins, ligaments and soft tissue. Stress results from excessive downward or external pressure being applied, while strains occur when we are stretched and pulled. The treatment for stress fractures is to elevate, to apply ice, and to rest. The treatment for strains is also to rest.

Optometrists will speak of eye strain, but not eye stress. Eye strain arises from prolonged intense focus, such as long distance driving or excessive screen time. The treatment involves taking regular breaks, varying the intensity of stimulation, and again...to rest.

Meanwhile, in civil or mechanical engineering, we come much closer to the historical source of the scientific definition of stresses and strains.

Stress is defined as an external force applied to an object, and interestingly, there are four types of stress. Essentially, materials can be stretched, squeezed, twisted or bent out of shape. So, we might legitimately ask our stressed clients: "*Are you feeling stretched, squeezed, twisted or bent?*" without a hint of irony!

Meanwhile, *strain* is defined as an objects response as the stress increases. If you google all of this your eyes will glaze over, but essentially an object under stress will initially be flexible to a varying degree during an 'elastic' phase, before entering a brittle 'plastic' phase around its maximum tensile strength before eventually 'fracturing' at the breaking strain.

Engineering practice provides several specific ways of mitigating excessive pressure by a) spreading the load, b) deflecting the load, or c) strengthening the materials ability to cope (usually by pouring loads more concrete or steel). But essentially, engineers are all about prevention (-think pre-stressed concrete) and if ever the breaking point is reached, they usually just throw the material away and start again (an option not acceptable to us!)

So... what can we learn from all of this about how to manage the stresses and the strains in life?

Firstly, we see that the words *stress* and *strain* are poorly defined by clinicians and are largely interchangeable in our professional language. Confusingly, the word *stress* is used to describe both the external force and the individual's response to that force, while strain has fallen out of favour completely. Secondly, we see that prevention is clearly better than cure. Thirdly, it's better to address the issues early during the 'elastic phase', rather than waiting for the brittle 'plastic phase' or an eventual breaking point.

And a quick final observation: If you do feel completely fractured in response to life's pressures, don't go near an engineer because as like as not they'll probably just chuck you in the dumpster...

- Additional anecdotes or wise comments on this article are welcomed. The intention is to generate a sharing of clinical wisdom and useful ideas about how to deliver our work more effectively - Ed.

ACC/NZCCP/NZPsS liaison meetings, 13 July & 2 November 2020

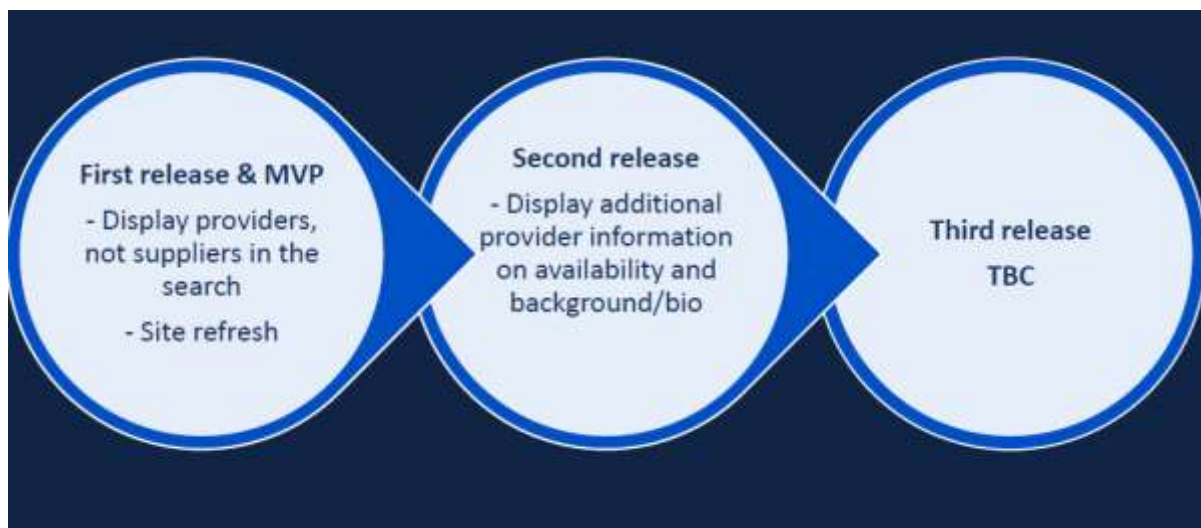
Issues discussed on 13 July

New case management roll out:

- ACC held another round of webinars 23 June and 25 June (90 people attended across the two sessions).
- ACC are now 3/4 of the way through the roll out.
 - ❖ Tranche 1 is complete: Dunedin, Timaru, Alexandra, Invercargill
 - ❖ Tranche 2 is complete: Hamilton, Tauranga, Whakatane, Rotorua, Gisborne, New Plymouth
 - ❖ Tranche 3 complete: Christchurch, Nelson, Greymouth
 - ❖ Tranche 4 will be completed by August: Manukau, Newmarket, Whangarei, Albany, Henderson
 - ❖ Tranche 5 will be completed in early September: Wellington, Hastings, Whanganui, Palmerston North, Hutt Valley, Porirua
- Training is now underway in the remaining areas
- Overall going well, and receiving positive feedback about the changes that we are making, but also do appreciate there are some teething issues, particularly as we still have claims being managed out of the SCU as part of our BAU process, and some now under the new model in regional areas.
- The roll out also applies to sensitive claims but clients can choose whether they want their claim managed locally or in a different region.

Update on Find Support:

- Work has now resumed on working to improve the functionality of www.findsupport.co.nz following lockdown.
- The two key issues that we are focused on are:
 1. There is only Supplier information, not information about individual providers
 2. There is no information about the availability of the providers.



- Aiming for the MVP in October
- And second release by the end of the year.
- Will be engaging with Suppliers and Providers soon on this, likely via webinars.
- We will continue to keep you updated of progress through these newsletters.

Update on MyACC for clients with a sensitive claim

- MyACC is our optional, online self-service app that clients can use to support their recovery.
- It is easy-to-use, confidential, secure and available 24/7 on a range of devices.
- We have developed a version of MyACC specifically for clients with sensitive claims – with extra safeguards to maintain confidentiality.
- Each client can decide if they would like to use MyACC, and they can opt out at any time.
- Clients can use MyACC for other types of claims, as well as having the option to remove sensitive claim information.
- In MyACC, clients can review and update personal information, view claim details, update bank account details, request call-backs from ACC, or log reimbursement claims.
- Clients with a sensitive claim who use MyACC may, as always, continue to directly contact their dedicated Recovery Partner or their team of Recovery Assistants if needed.
- MyACC is already available, and our team has started speaking to clients - starting in the lower South Island - about whether MyACC is right for them. We will be contacting clients by phone, and with follow up emails, to make sure we address their questions or concerns, so they can make an informed decision about using MyACC.

Update on Health outcomes framework

Ultimately ACC will want to consider contracting for outcomes on most of its contracts and signaled an interest in canvassing members about how they currently measure outcomes, what outcomes they would consider appropriate to measure broadly, how they would see this as impacting on contracts and their work. Kris further noted that it could potentially make contracts simpler, and more flexible given that the focus would be on achieving the outcome for clients rather than on “ticking boxes”.

There is a need to talk to people’s fears about this as it is likely providers will hear this as ACC judging providers and clients.

Kaupapa Māori pathways at ACC

ACC is starting to look at developing a Kaupapa Māori pathway for sensitive claims and is interested in establishing how best to engage with the Māori membership.

Telehealth

ACC were interested in discussing the experience of members using telehealth over the COVID lockdown telehealth-not just with regard to ACC but more generally in terms of what the profession has learned from COVID about what works re telehealth, what doesn’t work, whether the various guidelines fit for purpose, going forward what is the place of telehealth-when is it/isn’t it appropriate.

There was good feedback about the sectors experience using telehealth. ACC is continuing to work on how telehealth will be used post Alert Level 1.

COVID issues

Post lockdown adjustment there is a risk of underestimating the ongoing impacts of the lockdown, for both the clients and the providers, and how quickly people can return to business as usual. ACC have noted that there is an acceptance that flexibility will be needed and that ACC will not consider business as usual until the “levels” no longer apply. Kris noted that there will be communication in the next newsletter that Alert Level 1 is not seen as business as usual and outlining ACC’s expectations.

Processes around provider unilaterally changing suppliers

- There were questions about providers changing suppliers without notifying the original supplier and taking existing clients with them.
- Kris agreed that ACC will provide an update in the ISSC newsletters for suppliers and the providers.

- There was discussion about:
 - extending the supplier model into other contracts,
 - why providers might choose to change suppliers,
 - what good practice would look like in this area,
 - what training psychologists have in business management (e.g., contracting, tendering, running and managing their own sub-contractors).
- Barry wondered whether it would be useful if all providers new to ACC had to sign up with an 'accredited supplier'.
- We agreed to have an agenda item for the next meeting about what good practice looks like for the supplier/provider model.

Fraud Audits

- Barry noted that it was not ideal for suppliers to be responsible for monitoring and alerting ACC to instances where they were concerned about invoicing fraud and considered that ACC should bring in random checks for providers re invoices. By way of example he noted a provider having a 15 min phone check in and then claiming an hour from ACC and ,when challenged, changing supplier.
- ACC representatives noted that there is an Integrity Monitoring Service and Performance and Monitoring Team, that suppliers have some professional/ethical responsibility to address/report fraud when they are aware of it via the confidential line at ACC.
- Kris agreed that ACC would remind suppliers of what the process for this - perhaps through ISSC supplier update?

Issues discussed on 2 November

Referrals for TI programmes:

- Lauren and Melissa indicated that concerns around referrals for TI programmes should be escalated via the Engagement and Performance Managers.

Report templates:

- Catherine asked when the ISSC report templates might be revised and offered to assist in this. Lauren noted that templates will be reviewed after the contract has gone live as part of a bigger piece of work but that there might be some initial changes to align the reporting with changes that arise from the new contract.

Find Support Website:

- Work is continuing to improve the functionality of www.findsupport.co.nz.
- Melissa took the group through a slide presentation highlighting what the new site will look like
- It was noted that this will be a series of improvements as an iterative evolution rather than a "big bang" one off fix to the longstanding issues with Find Support.
- ACC note that they will want and need ongoing constructive feedback about the website to help inform iterative improvements.
- ACC had questions for members:
 1. How do we go about collecting information from providers including for profile pictures?
 2. How often should we be updating provider profiles?
 3. How should the provider profiles work when providers may work under more than one supplier?
- There was discussion about whether some things (e.g., profile pictures) might be optional for providers given that many go to significant lengths to maintain a low public and social media profile.

Health outcomes framework

ACC sought to follow-up and continue previous discussions around measuring outcomes and understanding how members currently measure outcomes and what outcomes they measure. Catherine and Sarah noted that ACC could consider also continuing discussions with other agencies who may have thoughts on this such as MSD and MoH to seek an understanding of what they do and to attempt a coordinated approach.

NZCCP and NZPsS also noted that if ACC were to develop a set of questions they were happy to send out a Survey Monkey questionnaire to members to canvass members' opinions.

The group again noted the need to talk to people's fears about measuring outcomes because of the likelihood that providers will hear this as ACC judging providers and clients, and fears that the underlying rationale for doing this would not be client-focused.

Telehealth

ACC were interested in continuing the discussion of the experience of members using telehealth over the Covid lockdown to further refine our collective understanding of what we have learned about telehealth regarding what works, what doesn't work, whether there are established contra-indications, whether the various guidelines are fit for purpose, what is the place of telehealth going forward.

There was again useful discussion: NZCCP noted that their last journal included a lot of articles on telepsychology; Catherine noted that there was a good APA webinar; everyone noted the rapid changes of technology and the extent to which this made telepsychology easier; feedback continued to be that there is a place for telepsychology to be part of a package of options rather than seen as something that would occur instead of in person service. Sarah noted some of the challenges around privacy including people using public spaces to access free internet, and the need for clinical appropriateness and contraindications to always be considered.

It was finally noted that there was work to do in terms of updating guidelines and codes of ethics to consider rapidly changing technologies; to remain thoughtful regarding the risks associated with using telepsychology; and the need for ongoing training and support given that effective use of telepsychology requires different skills to some extent than delivering in person services.

ISSC contract

- Lauren noted that the letters of offer on the ISSC contract should go out 02.11.20 with early indications that most existing holders of the contract intended to re-sign. The Operational Guidelines are due to go out 24 November 2020.
- Lauren noted that further discussion of the contract in any detail was not possible under government procurement rules with any questions and answers needing to be made via GETS so that all potential applicants had access to the same information.

Next meeting 22 February 2021

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](http://www.nzccp.co.nz/events/event-calendar/) for further information and links (<http://www.nzccp.co.nz/events/event-calendar/>)

TRAINING TIMETABLE

NZCCP Events

LOCATION	MONTH	PRESENTER/ CONTENT
Christchurch	25 March 2021	NZCCP preconference workshop, "He Puna Whakaata"
Christchurch	26 March 2021	NZCCP preconference workshop, ACT Skills Intensive: An Intermediate/Advanced Workshop to enhance your clinical practice
Christchurch	27-28 March 2021	NZCCP 31st National Conference "Tui, tui, tui, tui"

Other Events

LOCATION	MONTH	PRESENTER/ CONTENT
Webinars	Various	DBTNZ webinar training series
Webinars	Various	NZSIGN Monthly Neuropsychology Webinar Series
Webinars	March	Te Ipu Taiao - The Climate Crucible
Bay of Islands	18-20 March	Annual Scientific Meeting of the New Zealand Pain Society
New Plymouth	19-20 March	Mindful-Somatic Trauma Therapy Training, Dr Paris Williams
Online training	N/A	Foundations in Suicide Prevention All New Online Training
Auckland	7-8 September	Treating PTSD, Dr Leah Giaratano
Auckland	9-10 September	Treating Complex Trauma, Dr Leah Giaratano

Professional Rooms Available

Furnished rooms available in a multi-disciplinary counselling environment. The *Maidstone Centre* is a modern purpose-built health facility, fully air conditioned with inclusive services including disability facilities. Close to transport links and easily accessible with good onsite parking.

Address: 78 Maidstone Road, Ilam, Christchurch. Visit website www.maidstonecentre.co.nz

For information please contact John de Freitas at: johndf@xtra.co.nz or phone 021 1483981.





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

Two highly regarded trauma focused programs for all mental health professionals. Offered in Australia and New Zealand and internationally as a self-paced online program or via 2-day livestream

Clinical skills for treating post-traumatic stress disorder

Treating PTSD: Day 1 - 2

This two-day 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. In order to attend Treating Complex Trauma (Day 3-4), participants must have first completed this 'Treating PTSD' program.

1/2/21 to 1/5/21 self-paced online INT
4-5 March 2021 Livestream AEDT
1/4/21 to 1/7/21 self-paced online INT
3-4 June 2021 Livestream AEST
17-18 June 2021 Livestream NZST
1/7/21 to 1/10/21 self-paced online INT
7-8 September 2021 Auckland CBD
1/10/21 to 1/1/22 self-paced online INT

Please refer to our website for other offerings

Clinical skills for treating complex traumatising

Treating Complex Trauma: Day 3 - 4

This two-day program focuses upon phase-based treatment for survivors of child abuse and neglect. Applicable to both adult and adolescent populations, incorporating practical, 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.

1/2/21 to 1/5/21 self-paced online INT
11-12 March 2021 Livestream AEDT
1/4/21 to 1/7/21 self-paced online INT
10-11 June 2021 Livestream AEST
24-25 June 2021 Livestream NZST
1/7/21 to 1/10/21 self-paced online INT
9-10 September 2021 Auckland CBD
1/10/21 to 1/1/22 self-paced online INT

Please refer to our website for other offerings

Fees: Day 1-2 or Day 3-4 are **\$680** and Day 1-4 is **\$1,270** Australian Dollars

Register directly on our website for Auckland but please contact us to obtain these fees if you wish to register for online, livestream or attend in Australia. These fees only apply to NZ residents.

Livestream: Two-days highly interactive with breakout groups and includes one-month complimentary access to self-paced online to consolidate learning

Self-paced online Engaging three months access. Not a recording of a past live event.

Day 1-4 (or 3-4) online modes include complimentary access to a Trauma Case-Study Livestream applying skills to more real cases (2hrs + 2 hrs preparation)

Time commitment for CPD hours: **15 hours for Day 1-2 and 19 hours for Day 3-4**

Please visit www.talominbooks.com for further details about Leah's books and these training offerings

