



ShrinkRAP

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

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**Koia te toru o ngā kaupeka;
ko Here turi koka**

*'Tis the 3rd month of the Māori calendar year;
knees are tucked to the chest to keep warm.*

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Presi-Rap

Kris Garstang, Vice-President NZCCP

It is well known that clinical psychologists tend to be altruistic people and attending a recent schema therapy workshop reminded me of this. The participants, mostly clinical psychologists, all had high scores in both self-sacrifice and unrelenting standards schemas. To those unfamiliar with Young's Schema Therapy, this means that we like to take care of others to a very high standard.

But while we contribute greatly by working directly with five or six people a day, our knowledge and skills can have a wider impact when we utilise them to help a whole team of other health or social service professionals. Management and leadership roles present psychologists with precisely this opportunity. Why then are many psychologists still reticent about stepping up into leadership roles? Whether it's because no one told them they could or should, or they just don't think they have the skills, is not clear. What is clear is the College's desire to change this.

As we move into a new era in health care and social services, it is important now more than ever for clinical psychologists to step up into leadership roles. Our knowledge and skills must be available for leading the services that increasing numbers of people are expected to access as the Government increases funding, for instance, in the area of primary mental health. The Government has committed to a five-year goal to provide services that mean that "anyone can access mental health, wellbeing and addiction support when and where they need it"¹. Without the expertise of clinical psychologists in planning these projects and supervising those who deliver them, the planning of talking therapies will fall to those less knowledgeable than clinical psychologists. There are currently few psychologists in Primary Health Organisations, most of which employ no psychologists at all.

How do psychologists position themselves to lead in this new era of mental health delivery? The College believes clinical psychologists will need not only the skills and knowledge to manage and lead but also the confidence to do so. Our strategic plan has the goal of building the leadership and organisational capability of its members so that clinical psychologists are increasingly taking on key leadership roles in workplaces and sector initiatives. We believe that achieving this goal will increase the positive influence that clinical psychologists in Aotearoa have on our communities.

One of the ways The College is doing this is through the new Emerging Leaders Development Grant which dedicates a sum of \$5000 per annum to be awarded to one or more applicants for training in the field of leadership or management. We expect to receive applications to support different types of training from short leadership workshops through to master's level management training. Like our other grants, applications for this grant will close in February.

CALL FOR PAPERS

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

email your abstract to office@nzccp.co.nz
 or

SUBMIT YOUR ABSTRACT ONLINE HERE

¹ See <https://www.health.govt.nz/our-work/mental-health-and-addictions/budget-2019-mental-health-wellbeing-and-addiction-initiatives>

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

Diana Bird, Hamilton
 Kate Brookie, Wellington
 Doris Coveny, Hamilton
 Krystal Culver, Palmerston North
 Antonia Dodds, Wellington
 Charlotte Gutenbrunner, Nelson
 Erin Helliwell, Canterbury
 Rebecca Herald, Auckland
 Alexandra Hill, Wellington
 Kessiah Hunt, Auckland
 Germaine Ingley-Cook, Nelson
 Zoe Jaquier, Dunedin
 Siobhan Lockie, Canterbury
 Rebecca Manning, Canterbury
 Julie McCormack, Christchurch
 Lynley McLay, Wellington
 Wen Lynn Ng, Auckland
 Kate Ross-McAlpine, Wellington
 David Smits, Canterbury
 Valerie Tan, Dunedin
 Oscar Taylor, Wellington
 Leah Teschner, Christchurch
 Zoe Trainor, Wellington
 Uta Waterhouse, Wellington
 Elyse Wilson, Christchurch
 Josette Wulffaert, Tauranga

Full

Caitlin Aberhart, Christchurch
 Zeenah Adam, Wellington
 Evelyn Aranas, Tauranga
 Raewyn Barry, Hawkes Bay
 Tamara Bejakovich, Palmerston North
 Chris Brett, Dunedin
 Madeleine Brocklesby, Wellington
 Samuel Flannery, Dunedin
 Amber Fletcher, Tauranga
 Roslyn Fowler, Canterbury
 Karma Galyer, Hamilton
 Sarah Henley, Wairarapa
 Wendy Higgs, Hawkes Bay
 Stephen Kearney, Wellington
 Casey Mendiola, Tauranga
 Zara Mansoor, Wellington
 Nalita Naidu, Christchurch
 Theresa Parker, Dunedin
 Kathryn Ryan, Wellington
 Jessica Scanlan, Wellington
 Wade Stent, Christchurch,
 Kirsten Wooff, 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:

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 [2019 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.

The [EBSCO Publishing online Psychology Research Database](#) provides unlimited remote access to their Core Psychology Research Package containing Psychology & Behavioral Sciences Collection, MEDLINE with Full Text, and Mental Measurements Yearbooks with Tests in Print. *(The College very much appreciates the partial sponsorship of this resource from the [Medical Protection Society](#))*

NZCCP communication and information networks

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 clin psychs and health psychs 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 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.

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](#)

Journal NZCCP

The theme for the next Journal NZCCP issue is:

"What we wish we had been taught", published December 2019, deadline 15 September 2019

If you have (or know of someone else who has) an interest in any of the above themes and

- could write an article, or
- do a literature search, or
- if you could review a conference or workshop you've attended, or
- review a book or article you've read, or
- if you are aware of some good online assessment measures or apps, please contact Caroline at office@nzccp.co.nz.

If there is a book you want to read and are interested in reviewing it 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/>)!

Members Opinions about the Journal of the NZCCP: A Survey

Summary by Malcolm Stewart

Introduction

The NZCCP Journal has been published since the earliest days of the College. The heart of the scientist part of the scientist-practitioner model is being both a sophisticated "producer" of knowledge and a sophisticated "consumer" of knowledge. The Journal has been (along with conferences, workshops, and other means) one of the College's approaches to assisting members to access the kind of information that is needed to enrich and update their practice. The availability of professional information from other sources by which members can learn and communicate has changed markedly since that time. As part of ensuring that it is optimally able to meet the needs of members, the NZCCP wanted to evaluate what members thought of the Journal.

Method

In October 2018 all members of the NZCCP were emailed an invitation to participate in a brief survey regarding the Journal. The survey was prepared from the Survey Monkey website and was accessed from a link in the email. The Survey requested information about the area of work of the respondent, five yes/no questions regarding the journal (detailed in the table below), and a qualitative question requesting any other comments regarding the Journal.

One hundred and nine responses were received from members. The areas respondents worked in appeared to be representative of the full range of settings in which clinical psychologists work in New Zealand.

The tables below present the quantitative and qualitative data from the survey. Three of the quantitative questions, had an "other" option which invited the respondent to explain their response. These responses are discussed in the text below the table. Qualitative data was analysed using inductive categorisation, a form of content analysis, which identifies key themes and sub-themes emerging from the data. The number of respondents making similar comments is indicated by the number of asterisks after each theme/sub-theme.

Results and Discussion

Engagement with the Journal

Some questions and respondent comments related to how much members engage with the journal. These responses are shown in the table below.

Responses to Quantitative Questions about Engagement	%
How often would you like to see an edition of the Journal?	
Two issues per year	68%
One issue per year	25%
Other	7%
Have you written for the Journal?	
Yes	31%
No	69%
Have you been a reviewer?	
Yes	27%
No	73%
Comments related to Engagement with the Journal	
<ul style="list-style-type: none"> • Strengths <ul style="list-style-type: none"> ○ Valuable resource***** ○ Enjoy reading it*** ○ Nice to see what colleagues are involved in* ○ Can help encourage/ease members into writing* • Limitations <ul style="list-style-type: none"> ○ Many other sources of information without us having a journal* <ul style="list-style-type: none"> ▪ Not sure need a journal* ○ May not reach the breadth of people most interested in the topic* ○ Interesting to thumb through but being able to find what you need most important – rarely look for old articles* ○ Don't read it as much online as did when got it in paper* • Suggestions for the future <ul style="list-style-type: none"> ○ A searchable index and online pdf format would be useful* ○ Make the Journal more easily visible on the website (public domain)* ○ Send out an email with hyperlinks to articles rather than a journal* 	

Two respondents suggested that the College does not need a journal, perhaps due to the wide availability of information from other sources, but a large majority of respondents suggested that the journal should be published once or twice a year. The comment was made that the Journal may encourage members to write and share their knowledge. Around one third of respondents had written for the Journal and around one quarter had served as a reviewer.

Access to articles, particularly articles in past journals was noted as a limitation, and making the contents of the journal more readily accessible by using a searchable index and having the individual articles available in pdf format was made as a suggestion for the future.

Contents of the Journal

A range of comments from respondents related to the content of the Journal and these are summarised in the following table.

Comments related to Content of the Journal

- **Strengths**
 - Value reviews/updates***
 - Good mix of content*
 - Content often relevant to working clinicians in ways that academic journals aren't*
 - Material about professional issues helpful*
 - Value reflections on clinical practice (personal learning points)*
 - NZ-focused content valuable*
 - Value knowing what is happening around the country*
 - Like that it has the range from relatively informal to the more academically rigorous*
 - Having a theme encourages reflective and opinion pieces*
- **Limitations**
 - Not prestigious/at a level where researchers want to publish in it**
 - Quality of content often quite low*
 - Two types of content (Academic/Less formal content) so becomes weak at both*
 - Having themes may weaken content as few people researching in same area*
- **Suggestions for the future**
 - Would like it to focus on stuff can't get from other databases – e.g., NZ research or more experiential/professional issues (e.g. application of ethics, note-taking)**
 - Like more of a professional focus rather than academic focus*
 - Would prefer more academic content*
 - Variety of articles: case studies, updates on mental health issues and professional issues*
 - Like reviews of training events but less interested in book reviews*

There were some differences in opinion about the nature of content that respondents wanted, with expressions of interest both in more academically focused and more professionally focused content. It was also noted that the Journal is not prestigious enough (particularly as it is not indexed) to attract content that academic researchers want to publish. There was also some difference of opinions about whether having specific themes for different issues of the Journal is preferable. Different types of content, including reviews and updates, information about professional issues, personal reflections and learnings on clinical practice, and information about things happening in New Zealand were identified as specific content that respondents appreciated. A focus on material that could not be obtained from other databases was suggested.

Peer Review

For the Journal to be considered for inclusion in academic journal databases (such as PsychInfo) in the future, articles need to be peer-reviewed. Articles submitted to the Journal have been peer-reviewed for the last few years. Previously they tended to be reviewed primarily by the editors. The following table reports on questions and comments related to peer review and indexation.

Responses to Quantitative Questions	
Would you like to see the Journal continuing with Peer Review?	86%
Yes	5%
No	9%
Other	
Would you like to see the Journal indexed in a database (e.g. PsycInfo)	72%
Yes	15%
No	13%
Other	
Comments related to Peer Review of the Journal	
<ul style="list-style-type: none"> • Advantages and limitations <ul style="list-style-type: none"> ○ Database inclusion would increase access of people outside the College to content* ○ Could be high quality with appropriate level of peer review* ○ Needs to be indexed, give credibility and accessibility* ○ Much of current content not up to peer review/indexing standards* • Suggestions for the future • Have a peer-reviewed general section for research articles and an editor-reviewed theme section taking a wider range of articles* 	

Most respondents supported the Journal continuing to peer review. Eight “other” responses expressed either being unsure or having no preference. Comments suggested that research (or other technical) articles be peer reviewed but that opinion and similar pieces did not need peer review. Almost three quarters wanted the Journal to be indexed. One comment stressed the importance of indexing to ensure access to the articles for non-members and in the longer term. One respondent noted that a more rigorous peer review processes than currently undertaken are likely to be needed if it is to be indexed. Another comment expressed the value of having more low-key contributions that reflect the wisdom of a broader range of members as well as rigorous peer-reviewed articles.

Production of the Journal

The Journal has for some years been primarily produced by Caroline Greig (Executive Director of the NZCCP), Kumari Valentine (Editor), and Audrey Holmes (Copy-editor and APA guru). Some comments reflected on the production of the Journal. These are shown in the table below.

Comments related to Production of the Journal
<ul style="list-style-type: none"> • Comments about Production <ul style="list-style-type: none"> ○ Recognise it is a lot of work to produce***** ○ Thanks to the Editor and Caroline***** • Suggestions for the future <ul style="list-style-type: none"> ○ Develop an editorial team** ○ Could we collaborate with another group to have a shared journal <ul style="list-style-type: none"> ▪ NZ Journal of Psychology** ▪ Joint journal with Australian Clinical Psychology Association*

These comments primarily acknowledged the large amount of effort involved in producing the Journal. Three comments were made about combining with another organisation (e.g., the NZPsS or the Australian Clinical Psychology Association (ACPA) to produce a joint publication if producing the Journal becomes too arduous. Developing an editorial team of members was also seen as a

way of facilitating strong editorial input. This approach has been utilised in the past and was successful.

Conclusions

The results of this survey suggest that members of the NZCCP do generally wish to continue the Journal, with production of two journals a year being the preferred option. It currently provides an outlet for members to communicate their learnings and ideas using a wide variety of article types, with about a third of respondents having contributed to the Journal.

There was some difference of opinion about the preferred types of content, although this is ultimately largely determined by what is forthcoming from members. Academic researchers are more likely to submit reports of research studies to more prestigious journals. However, for locally relevant information the Journal of the NZCCP can have an advantage of being more accessible to the people who can utilise the information (e.g., clinical psychologists in New Zealand) than more prestigious journals that many clinicians cannot get access to. Comments were made about appreciating some of the less formal kinds of information, including discussion of professional issues, personal reflections and learnings from clinical practice, case studies, and other work that relies on "different kinds of evidence". A possible integration of the findings of this survey related to content is that a relatively flexible approach to the types of content accepted and encouraging as many members as possible to contribute their wisdom may best meet the needs of members as both producers and consumers of content.

Members wished to continue with peer review to assist with maintaining and improving the quality of input. Some flexibility about this may need to be exercised for material (e.g. creative work) that is not suitable for peer review. It is often difficult to obtain reviews in a timely fashion and the willingness of members to contribute to this is vital and appreciated.

Members also wished for the Journal to move towards indexing on databases. To achieve this would likely require substantial increases in the rigour of the material accepted and the editorial and production processes. This may be possible, but may work at cross-purposes with enabling the Journal to be a vehicle for sharing local content (and wisdom) from a wide cross-section of members. One of the major drivers of this is to ensure that current and previous content can be widely available and easily searchable by College members and others worldwide. As was suggested in feedback from respondents, a searchable database of articles (which may be able to be set up so search engines such as Google can find the articles) that gives access to the pdf versions of individual articles may be a useful, at least transitional, alternative to indexation of the journal.

There was little discussion of the impact or potential of new information technologies for the Journal. In the last few years the Journal has moved from being paper-based to being primarily delivered electronically. One member commented that this had led to them reading the Journal less than when it came in paper form. Along with a searchable database, exploring means of assisting members to be able to "e- browse" the contents of the Journal may be of value.

In summary, most members are supportive of the Journal continuing. Its form and delivery method has changed over time, but its value to members remains. This survey suggests some ways in which the can keep on evolving to be as easily accessible and as useful as possible to busy clinical psychologists and others who could benefit from the wisdom it contains.

The College wishes to thank all the authors who contribute, the reviewers who assist with enhancing the quality of the content, and the team who produce the Journal. We wish to encourage all members to play a part in the intellectual and technical life and vitality of the College by sharing your wisdom through writing for, reviewing articles for, and reading the Journal. Kia toia, kea manawanui!

Long-time Editor of the Journal of the NZCCP, Kumari Valentine, has recently decided to bring her tenure in this role to an end. We wish to thank her for all the energy, spark, and care she has put into the role over this time. If you might be interested in becoming the Editor or being part of the Editorial panel for the Journal, please contact Caroline at the NZCCP office

Obituary: Samantha Farrimond

From Kumari Valentine

It is with incredible sadness and shock that I write about my dear friend, Samantha (Sam) Farrimond (Breese). Sam underwent emergency surgery on Tuesday the 27th of August and post-operative complications meant a devastating stroke. Sam was kept on life support until Wednesday the 28th of August. In keeping with Sam's incredible spirit, her organs were donated and at least 6 people have benefitted and had another chance at life.

Sam and I trained at similar times, did Youthline together, and have been in private practice together for 10 years as well as working together at the University of Otago. Sam also organised my life and was whom I consulted about very minor decisions and more major ones. It was Sam I made an anxious call to when in the supermarket wondering what to buy to cater for a 2 year old's party, and also Sam who I talked to about any work related decisions. Sam organised my baby showers and was the first to arrive with gifts. In our friendship circle, Sam was our organiser and the friend who made sure we regularly caught up. She was the "mother" of the group and is well known for her tremendous generosity, kindness, willingness to help, practicality, vision, sense of humour, and genuineness.

Since 2009, Sam worked as a Professional Practice Fellow, fulfilling several roles in the Dunedin School of Medicine. As a member of the Department of Psychological Medicine, she was involved in small group tutoring across the early and advanced learning programme, lectured Med 2 and 3 students, and ran numerous workshops, many of which she was involved in developing. Sam was also lead tutor for the 3rd year Integrated Cases programme in 2010-11, which is a demanding role that involves multiple departments/specialists helping students see a person from a range of perspectives. Sam was highly regarded by her students and received numerous accolades. A student spoke at her memorial on behalf of her students, talking about her excellence as both a mentor and teacher.

Sam also worked for the Intellectual Disability Service from 2006-2008 having completed an internship there and maintained a strong commitment to working with those with an ID and also ASD. Sam was a member of the Dual Diagnosis Psychologist Group in NZ.

Sam was a natural leader and also very community minded. She was the President and Employment Officer for Arthur Burns Preschool (taking them out of the red into the black), A Committee Member of the Otago Disability Information Service, A Treasurer for the Otago Southland Branch of the NZ College of Clinical Psychologists, a recent Chairperson for the Otago Southland Branch of the NZCCP and helped with the coordination or organisation of numerous professional workshops or conferences.

Sam had an amazing way of making any person feel at ease without intimidating anyone with her extremely sharp mind. At university, for example, Sam was awarded the Claude McCathy Travel Fellowship, obtained a Royal Society of NZ Travel Award, a Vincent George House of Travel Award, a Postgraduate Award, a University of Otago Award in Arts and the Richard Kammann Prize in Applied Psychology for her honours dissertation.

Sam naturally mothered everyone she came into contact with. She is also the mother to two kind and amazing children: Austin (aged 8) and Thea (aged 6) who she cared for immensely. Sam worked part time in order to give them time and love and she was immensely active in their lives. She is also the beloved wife of Hayden Breese and supported him both in his business as well as his Taekwondo studio. Sam actively managed the family's very busy schedule of activities and also was very committed to the idea of a "community" of parents.

To say Sam leaves a hole in our lives is an understatement. When many of us gathered at the hospital, we frequently talked about how we all had a sense that it would be Sam who would be organising us, comforting us, guiding us, and helping us find our way. Sam's memorial was well attended and a beautiful celebration of a bright and unique human being.

Aroha Nui, Sam.

Call for Applications: 2020-21 Harkness Fellowships in Health Care, Policy and Practice:

The Commonwealth Fund is pleased to announce the co-sponsorship of the New Zealand Ministry of Health in the Harkness Fellowships in Health Care Policy and Practice, bringing to the programme an invaluable policy perspective and commitment to a high performing health care system that will further enrich the experience of Fellows and their impact upon returning home.

The Commonwealth Fund and the New Zealand Ministry of Health invite promising mid-career professionals - government policymakers, academic researchers, clinical leaders, health care system managers, and journalists - from New Zealand to apply for a unique opportunity to spend 10 months in the United States as a Harkness Fellow in Health Care Policy and Practice. Established by The Commonwealth Fund in 1925, the Harkness Fellowships were modelled after the Rhodes Scholarships and aim to produce the next generation of health policy leaders in participating countries.

Fellows are placed with mentors who are leading US experts at organizations such as Harvard University, Stanford University, Kaiser Permanente, and the Institute for Healthcare Improvement to study issues relevant to the Fund's mission to support a high performing health care system - insurance coverage, access, and affordability; health care delivery system reforms (e.g. bundled payments, accountable care organizations, innovative approaches to care for high need/high cost patients, models of care that better integrate primary care, mental health and social care for vulnerable populations); cost containment; and other critical issues on the health policy agenda in both the US and their home countries. A peer-reviewed journal article or policy report for Health Ministers and other high-level policy audiences is the anticipated product of the fellowship. Harkness Fellows have published their findings in top-tier journals, including: *BMJ*, *Health Affairs* and the *New Zealand Medical Journal*. Other products, more relevant to frontline delivery system innovation, are also encouraged.

Each New Zealand Harkness Fellowship provides up to US\$113,000 in support, which covers the Fellow's roundtrip airfare to the US, living allowance, project-related travel, travel to fellowship seminars, health insurance, and US federal and state taxes. For families, US health insurance and a US\$15,000 travel supplement will be provided.

The Commonwealth Fund values diversity, equity, and inclusion. Applications from people reflecting these values and cultural diversity are strongly encouraged.

October 7, 2019 is the deadline for receipt of applications from New Zealand.

For further information
Visit: www.harknessfellowships.org

ACC/NZCCP/NZPsS liaison meeting, 27 June 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:

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

Other items:

The Crimes Act and ACC Schedule 3 events

There was concern that the Schedule 3 events listed in the ACC Act did not reflect the current Crimes Act and was perhaps out of date. Schedule 3 reflects legislation rather than internally determined ACC policy and was most recently updated in May 2015. It does not cover all acts outlined in the Crimes Act only "certain acts". The full list of schedule 3 events can be accessed via the following website:

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

Inclusion of counsellors during supported assessments

ACC does not have a position on this. The ISSC contract allows for counsellors to be present during all or part of an assessment and to be paid for this, but it is not a requirement. It is expected that this would be negotiated between the client, assessor and provider on a case by case basis with the decision ultimately made for clinical reasons and with informed client consent.

Adding existing providers to Psychological Services Contract

If the provider is already on the Psychological Services contract for another supplier, a "smart approval" can be done (i.e., the provider can be added automatically to a new supplier's contract without the need for the completion of a full application). The supplier would need to email procurement noting that the clinician was an already approved provider on the psychological Services contract. If the provider is an existing provider but on a different contract then they would need to make a complete application.

Specialist case owners for claims of prisoners

There is no specialist team for managing the claims of prisoners and this is not likely to occur for a variety of reasons. Suppliers would likely be able to identify whether they have staff who can assess or treat prisoners and their availability. ACC can assist in this if required. We will be seeking to add the capacity to search for providers who work within prisons as we rework our "Find Support" site.

Staff leaving ACC with no notifications on their email or voicemail.

There are clear protocols for staff who are leaving ACC including leaving an out of office email/voicemail message. Email and voicemail are monitored and responded to by other staff for a period after staff leave.

Requests for "pre-risk assessments"

We have not been able to establish what this refers to so can only assume that it is specific to that Supplier.

Delays in accessing medical and other notes

As noted in previously published minutes this issue is not within our control. We agree that this is less than desirable, causes delays for clients and providers, and is frustrating for all, and our attempts to improve this are ongoing.

Concern over reference to the Karaka/Assisted recovery team as a "low touch team"

The correct name for this team is the Karaka team and it may also be referred to as the assisted recovery team. ACC would not expect this team or any other team to be referred to in terms of "touch".

Concerns over lack of continuity of ACC contact point for clients of Karaka/Assisted Recovery team.

Feedback from clients and providers has overwhelmingly been positive. Many do not consider that they want or need a close relationship with ACC and prefer not to have contact with ACC unless it is really needed for a specific reason. On those occasions they indicate that they want their issue dealt with as quickly as possible, and are happy to deal with anyone who can answer their question or address their issue quickly.

Inconsistent messages from internal staff about the need for collateral information on non-sensitive mental injury claims.

This is likely an internal training issue and will be addressed. For non-sensitive claims collateral information about the events is important as it needs to be established that there has been a physical injury or a qualifying workplace incident before the issues of whether a mental injury caused by these events can be considered.

Concerns raised by smaller suppliers that larger suppliers are indicating that ACC is moving towards a "super supplier model" where smaller suppliers will not be having their contracts renewed and will be forced to contract to these super suppliers or be employed by them.

ACC has no plan to solely contract with "Super Suppliers", and ACC does not have an intention to not renew contracts with smaller companies. ACC contracts with suppliers who meet the criteria to

hold a contract, as appropriate for each service. ACC is looking at different ways to improve client outcomes and public workshops have been held to work collaboratively with the sector to explore the potential commissioning opportunities for different ways of working with a focus on integrated care built around our clients' needs. Other work around integrated care models are only just commencing and will take longer to review and develop and the sector will be invited to co-design in this activity. This work could result in different ways of ACC contracting suppliers, however contracting models would continue to be fit for purpose for each service being commissioned. ACC aims to provide transparency and sufficient notice of those requirements to stakeholders in various ways, including but not limited to:

- Updates in "Your ACC Pānui" – external, quarterly, e-newsletter for health providers that you can subscribe to if you are not receiving or find on our website.
- Updating our Annual Procurement Plan – available on MBIE's website.
- Notice of Intent published on the Government Electronic Tendering Service (GETS) website

Any concerns around the behaviour of other suppliers in this area can be communicated to the Commerce Commission who are the Government organisation responsible for enforcing competition and fair trading in New Zealand. Further questions can be raised via your local Engagement & Performance Manager.

Admin Fee

The admin fee is paid once for each period of engagement with the same supplier rather than once for the life of the client or life of the claim. The admin fee was not designed to cover the daily administration associated with clinical work such as notes, phone calls, letters to GP's but for the one off and upfront costs associated with a supplier taking on a new client.

Difficulty contacting ISSC CMs

ISSC staff indicated that there are a number of issues that are impacting on this currently including increasing claims volumes, high staff turnover, difficulties recruiting new staff, consequent high case loads, and an internal restructure. Multiple follow-ups by providers compound the workload issues as they generate multiple emails about the same issue and staff can not easily tell that it is the same issue. The unit is instituting a number of strategies to alleviate the workload and recruitment issues such as developing teams outside of Wellington where retention has been better, and setting up new roles alongside ongoing recruitment but it will likely be some time before the effects of this are felt.

Telepsychology guidelines

ACC have guidelines for the use of telepsychology and this can be considered on a case by case basis. The guidelines appear to have been removed from the external website in error but we will seek to have these reinstated. In the interim they have been sent out to all ISSC providers and can be requested via the provider services team.

Ability for report writers to send encrypted reports to ACC.

Any encrypted reports coming into ACC get blocked in the security software and are passed onto an Information Security team. This has been problematic as the Information Security team need to contact the sender in order to receive the password. Although this could be solved by having providers send the password the information security team indicating which report it is related to, 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. ACC is starting to look at technology solutions for this problem but it will not likely occur in the short-term.

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. 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.

Next meeting: Thursday 31st October

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	27 September	NZCCP Canterbury branch workshop: Radically Open Dialectical Behaviour Therapy
Tauranga Christchurch Dunedin	23 September 7 October 24 October	Tuia te rongo – Weaving together the threads of engagement, assessment and formulation with Māori
Christchurch	26-29 March	NZCCP 31st National Conference "Tui, tui, tui, tuia"

Other Events

LOCATION	MONTH	PRESENTER/ CONTENT
Wellington	9-13 September	Department of Internal Affairs' Digital Safety Group: Training with Dr Joe Sullivan, Wellington, September
Auckland	12 September & 3 October	QPR Training
Nelson	18-20 September	The Royal Australian and New Zealand College of Psychiatrists 2019 NZ Conference
Wellington	18 September & 9 October	QPR Training Workshops
Dunedin	23-24 September	The Snow White Model: Working with complex and developmental trauma
Auckland	3-5 October	MBT BASIC TRAINING
Auckland Christchurch	5-6 October 8-9 October	Trauma-Sensitive Yoga Foundation Workshops
Auckland	11-13 October	Hold me Tight Weekend
Christchurch	17&18 October	2019 ANZACBT Conference and Workshop
Wellington	25&26 November	Introduction to ACT two day workshop
Wellington	27 November	Beyond Stress Management: Burnout Prevention and Treatment



Trauma Education

presented by **Dr Leah Giarratano**

Leah is a doctoral-level clinical psychologist and author with 24 years of clinical and teaching expertise in CBT and traumatology

Two highly regarded CPD activities for all mental health professionals: 14 hours for each activity

Both workshops are endorsed by the AASW, ACA and ACMHN – level 2.

PLAN OR ACT NOW TO SAVE ON THE FEE

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.

31 Oct – 1 Nov 2019, Brisbane CBD

7 – 8 November 2019, Sydney CBD

21 – 22 November 2019, Melbourne CBD

7 – 8 May 2020, Melbourne CBD

14 - 15 May 2020, Sydney CBD

21 – 22 May 2020, Brisbane CBD

28 – 29 May 2020, Auckland CBD

11 – 12 June 2020, Perth CBD

18 – 19 June 2020, Adelaide CBD

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. This workshop completes Leah's four-day trauma-focused training. 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.

14 – 15 November 2019, Sydney CBD

28 – 29 November 2019, Melbourne CBD

25 – 26 June 2020, Auckland CBD

6 - 7 August 2020, Melbourne CBD

13 - 14 August 2020, Sydney CBD

20 – 21 August 2020, Brisbane CBD

3 – 4 September 2020, Perth CBD

10 – 11 September 2020, Adelaide CBD

*** Program fee for NZ residents. Please note that fee and payment is in Australian Dollars (AUD)**

Early Bird Fee \$600 AUD each (Day 1-2 or Day 3-4) when you pay more than four months prior

Normal Fee \$680 AUD each (Day 1-2 or Day 3-4) when you pay less than four months prior

Pairs Fee \$1,170 AUD when you pay for Days 1-4 in one transaction (contact us first please).

** Register directly on our website for Auckland but please contact us to obtain these fees if you attend in Australia. These fees only apply to NZ residents who travel to Australian workshops.*

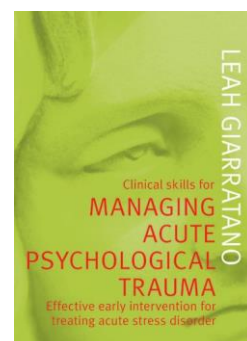
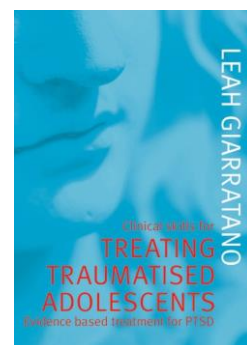
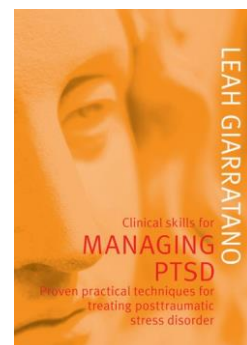
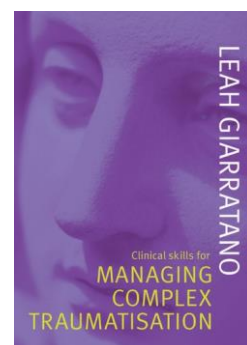
Your fee includes program materials, lunches, morning and afternoon teas on all workshop days.

You must have first completed Day 1-2 to attend Day 3-4. For Days 1-4, please email us your location preferences, name, address, mobile and any dietary requests for catering and you will receive a reservation invoice with the discounted fee and payment instructions.

Please visit www.talominbooks.com for further details

Direct your enquiries to Joshua George, mail@talominbooks.com

Note that attendee withdrawals and transfers attract a processing fee of \$77 AUD. No withdrawals are allowed in the ten days prior to the workshop; however, positions are transferable to anyone you nominate.





Neuropsychologists in the Waikato and/or Bay of Plenty

We're currently seeking a Neuropsychologist to join our team to provide case reviews and assessments for the ACC Concussion Service. This is a self-employed part-time contract role providing case reviews and screening assessments for clients based in the **Waikato** and/or **Bay of Plenty** regions. Our business model gives you great contract rates and the flexibility to choose when and how much work you'd like to undertake.

Focus on Potential hold an extensive range of national and regional ACC contracts delivering assessment and ongoing rehabilitation services to clients in their home, workplace, school and/or community. You'll be joining our dynamic, multi-disciplinary team of 180+ health and rehabilitation specialists.

Requirements for the position include:

- Registration as a Psychologist in NZ with a Clinical Scope of Practice
- University based papers in Clinical Neuropsychology
- A minimum of 24 months full time equivalent post qualification experience in supervised neuropsychological assessments and rehabilitation

If you think you've got what it takes to be a part of our team, don't delay! We want to hear from you immediately! Please submit your cover letter and application to performance@focusonpotential.com.