



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

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

Takurua ihu hupe – Sirius, mucus from the nose.
The star Sirius indicates the time of winter chills and illness

Contents

Presi-Rap	1
COVID-19: Wellbeing Support for Frontline Health Workers:	3
NZCCP Membership News	3
NZCCP communication and information networks.....	5
Journal NZCCP.....	6
Idle Comments from the Couch	7
Our Clever Authors.....	7
ACC Mental Health Sector Liaison meeting, 17 June 2020	8
National Education Training Timetable	11
Classified	12

Presi-Rap

Clinical Psychology Looking Outward

Malcolm Stewart, President NZCCP

At the time of writing the sentencing of the perpetrator of the March 15 hate crimes is underway. This is a time of great pain for many, and our thoughts are with members of the Muslim community in New Zealand and with others affected by this crime. As-Salaam Alaikum. Thanks to the psychologists in Christchurch and elsewhere who continue to support people following this event. At our recent AGM, it was announced that the *NZCCP Award for Contribution to Clinical Psychology* has been awarded to Shaystah Dean and Zeenah Adam for their work supporting the Muslim community and upskilling other psychologists and health workers in responding the needs of New Zealanders of the Muslim faith. Congratulations to Shaystah and Zeenah.

With community transmission of Covid 19 returning to New Zealand, our thoughts are also with members and others whose wellbeing or livelihood is impacted by the re-emergence. Our thoughts are also with people overseas who are suffering so much more of the ravages of the pandemic.

One of the maxims that I keep in mind in my clinical psychology work is “Never, ever, ever, underestimate the power of the system!” Whether the system is the “Team of 5 million”, a cultural or subcultural group, an organisation like ACC or Oranga Tamariki, a whanau, or a couple (a “Team of two”), these systems often have power to influence the lives of clients far more than we can hope (or want) to. However, while the power of these systems places limitations on our (and our client’s) change agency, it also gives the opportunity to use our skills and influence to bring about useful change in these systems.

For some clinical psychologists influencing larger systems takes the form of getting into leadership positions. For others it involves enabling organisations that aim to bring about change. For others it involves speaking directly to the public, in print or electronic media, helping to “spread the news” of what psychology has learnt, and how people can apply this for their wellbeing. Within the College we have several book authors, several writers of magazine articles or columns, and others who produce podcasts or other radio or online content. These are amazing contributions, by which the knowledge (and the profile) of psychology can be shared with far more people than will ever directly see a psychologist.

There are also times where the psychological perspective is important to inform sound decision making in society. The two referenda with the upcoming election, the End of Life Choice Referendum and the Cannabis Legalisation and Control Referendum, are issues about which psychologists have important perspectives to share. As part of this, the College recently invited members to participate in groups to develop brief communiques of key psychological information relevant to these issues. These documents are not intended to advocate for a particular outcome, or to imply that all members will have one view. The working groups have included psychologically relevant information supportive of either side. Our key aim is to make sure that the public have the information they need to consider these complex and emotionally charged issues. Many thanks to the members who have contributed to developing these communiques, which will be ready for dissemination to the public well before the October election and referenda.

This work is part of an objective to ensure that, just like the clinical psychologists described earlier who are looking outwards and influencing larger systems, the College is also looking outwards and working to impact on systems and society in ways that are consistent with the wisdom, the ethics, and the humanity of clinical psychology. The College plans to establish a second paid position and part of this role will be to facilitate some of this outward-looking engagement. However, ensuring that this work is high quality requires drawing on the energy and wisdom of members who have knowledge in specific areas. If there are broader issues that you think a psychological perspective is important to add, let us know, and please be prepared to “pitch in” and help make it happen.

CALL FOR PAPERS

for the
NZCCP 31st National Conference



Tui, tui, tui, Tuia
Psychology: Foundations and Integration

"Tui, tui, tui, tuia" "Bind, join, be united as one"
Psychology: Foundations and Integration
Saturday 27 & Sunday 27 March, 2021
Rydges Latimer Christchurch

SUBMIT YOUR ABSTRACT ONLINE HERE

and/or
REGISTER NOW

COVID-19: Wellbeing Support for Frontline Health Workers:

With the recent announcements relating to COVID-19, understandably people right across New Zealand are feeling anxious and stressed. Psychologists and other front line health workers are doing a fantastic job at supporting people through this pandemic and HealthCareNZ are offering support in dealing with this increased pressure and demand.

As part of the Ministry of Health's COVID-19 National Psychosocial Campaign, HealthcareNZ is providing free psychological support to healthcare workers. Frontline healthcare and support workers can access up to 5 sessions for free via telehealth platforms (phone and videoconference). [How are you feeling today?](#) To book an appointment call 0800 820 080 or email hcnz.wellbeing@healthcarenz.co.nz. Note: this is supplementary to existing EAP services.

NZCCP Membership News

We are delighted to announce that the following award were made and/or minuted at the 2020 NZCCP 31st AGM - warm congratulations to these award recipients!

NZCCP Fellowship Awards

Marianne Quinn, Otago, *presented by Malcolm Stewart*. Marianne's contributions to the College, to Clinical Psychology, and more generally to her clients and her community, are numerous. As a Psychotherapist she has served on or chaired numerous committees and professional bodies and she has facilitated all sorts of not-for-profit and community projects to the benefit of the therapeutic community and those who interact with the therapeutic community. Besides working as a Clinical Psychologist in the Dunedin area since 1986, Marianne has served on the committee of the Otago/Southland branch of the NZCCP over three distinct periods, starting in the early nineties when they first hosted the NZCCP national conference in Queenstown (she was also there for the second Queenstown conference!). Over that period she has presented to students of the Otago clinical programme and to her local peers on many occasions on topics including supervision, working with clients with eating disorders, building effective clinical relationships, managing client complaints, and dealing with client suicides. Over the last five years, Marianne has been the liaison between the Otago/Southland committee and the clinical programme at Otago. This relationship is in great shape today, and that is largely due to her contribution by way of annual welcome events for the students, the relationships she has built with the programme staff, her mentoring of student representatives on the committee, and the time she has taken to organise (and contribute to) an annual programme of lectures to the students from local NZCCP members. There are many in Dunedin who have "had a go" on the local NZCCP committee for a few years and then, having done their fair share, gone back to focus on their paid roles. Marianne is in a different category. Marianne is a stayer, she keeps giving, keeps adding her energy and wisdom to our efforts, keeps working to welcome our newer colleagues to the NZCCP fold. Marianne continues to contribute.

Martin Dorahy, Canterbury, *to be presented at 32nd AGM 2021*. Martin is a professor at Canterbury, whose primary interest is in trauma.

Linda Hows, Auckland, *to be presented at 32nd AGM 2021*. Linda has been with the Auckland branch since 2012, both as secretary and hardworking organiser on many events.

NZCCP Awards**Shaystah Dean, Wellington, to be presented at 32nd AGM 2021****Zeenah Adam, Wellington, to be presented at 32nd AGM 2021**

Both Shaystah and Zeenah have been doing a huge amount of work helping to support psychologists in and working with the Muslim community in the aftermath of the March 2019 massacre. They also presented a very successful workshop in Christchurch in June last year.

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 Members

Ella Barrett, Wellington
 Julia Bergman, Christchurch
 Ondria Cowan, Auckland
 Shika Das, Otago/Southland
 Louise Edwards, Wellington
 Alexander Jones, Wellington
 Rebecca Lakadia, Auckland
 Kate McKeogh, Canterbury
 Emma Miller, Auckland
 Mia Parsons, Christchurch
 Rebecca Pay, Hamilton
 Michelle Pederson, Wellington
 Nina Rakei, Waikato
 Christian Ruzibiza, Wellington
 Jacinda Shailer, Wellington
 Adriana Thomas, Auckland
 Mitchell Thompson-Holloway, Otago
 Kimberley Wake, Wellington

Full Members

Pixie Armstrong-Barrington, Auckland
 Roz Batty, Nelson
 Jan Brassington, Hamilton
 Belinda Buxton, Wellington
 Jack Carrell, Christchurch
 James Cunningham, Auckland
 Wendy Cuthbert, Wellington
 Melissa de Wolff, Wellington
 Zoe Deverick, Wellington
 Liesje Donkin, Auckland
 Kate Edgar, Nelson
 Emma Edwards, Auckland
 Latarsha Green, Christchurch
 Jenna Hammington, Wellington
 Ashleigh Hooper, Christchurch
 Antonia Koskina, Wellington
 Robyn Langlands, Wellington
 Miriam Larsen-Barr, Auckland
 Mark Littlewood, Otago/Southland
 Kay Mathewson, Auckland
 Jenny McCleery, Hamilton
 Joanna Macfarlane, Auckland
 Julia McIntosh, Wellington
 Leah MacTavish, Hamilton
 Jessica Mills, Christchurch
 Karin Muir, Christchurch
 Max Nicolson, Otago/Southland
 Danielle O'Brien, Dunedin

Joanna Parry, Christchurch
 Stefan Rethfeldt, Auckland
 Kathrine Roberts, Hamilton
 Candice Roulston, Canterbury
 Pip Smith, Hamilton
 Jieun Song, Palmerston North
 Kate Steadman, Palmerston North
 Samadhi Stuart, Christchurch
 Mandy Thacker, Tauranga
 Doreen Venter, Palmerston North
 Naomi White, Otago/Southland

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:

Professional Indemnity with the **[Medical Protection Society \(MPS\)](#)**, which provides 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).

[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.

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

Referrals nationwide through the [Find a Clinical Psychologist resource](#) on the College website. This is an excellent resource if you wish to refer clients to someone of good standing when the client changes location. It also serves to generate referrals for interested clinicians. Please go to <https://www.nzccp.co.nz/your-account/manage-your-private-practice-details-for-publication/> to add or update your private practice details.

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](https://www.facebook.com/groups/172521526883530/) 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](https://www.facebook.com/nzccp/) 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

Due to many of the changes and adaptations we have had to make this year, we thought it would be interesting to build on the last Journal's theme, along with reflecting on how things are broadly changing at a very rapid rate for psychology as a field, but also across the globe.

As such the theme for the next Journal issue is '***Evolutions of therapy: new approaches to old problems***'.

This might be related to recent changes, or broader advancements within the field. We are interested in hearing 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
- 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 31 October 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->](http://www.nzccp.co.nz/about-the-college/publications-and-)

<resources/journal-nzccp-article-submission/>!

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

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 usually get my hair done in the mornings, but I always prefer my therapy in the afternoons..."

It was a throwaway line made by a client as we were scheduling our next appointment time. We smiled. As a mother of schoolkids, she always looked to find a time that suited her between 9am and 3pm. And she usually opted for the afternoons.

I later started thinking about the significance of appointment times from a client's perspective. As we all know, most clients fall into a predictable pattern of times, usually fortnightly, and "Same time next week?" becomes the usual refrain.

We also know that there are specific sub groups of customers. There's the efficient 9am brigade, then the 'just before or just after lunch' brigade, and finally the late afternooners. And evening clinics attract their own clientele. Usually, the appointment is planned to fit in around other commitments, and often clients arrive slightly frazzled and late from a prior commitment. Rarely do clients come mentally prepared and focussed. (-for that matter, neither do we when rushing to our supervision sessions!)

Does it really matter when a client's sessions are held? What are the pros and cons of the various options? Once you start to think about it, the hour immediately *after* a session is an important time for reflection and for absorbing the lessons learned. It's not rocket science to realise that by immediately rushing back to work, or racing off to pick up the kids from after school care, clients will lose a massive amount of therapeutic gain.

It's therefore not a bad idea to ask each client what they plan to do next. Take a walk in the park? Have a quiet coffee alone? Take some time to pause and perhaps record insights in a diary? Make a visit to a close friend to share their key learning points?

By taking a moment to discuss the optimum appointment time for the next counselling session, and planning what to do after it, we will clearly be adding significantly to its therapeutic value...

- *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.*

Our Clever Authors

Auckland based NZCCP member Dr Sarah Bell-Booth has written and designed two new books - 'Mind Magic: Coping Tricks for Young People', and 'Brave Book', both illustrated by Jay Allen

'**Mind Magic: Coping Tricks for Young People**' is a beautifully illustrated, evidence-based mental health book for young people. It proactively teaches cognitive-behavioural coping strategies for managing big emotions such as anxiety and sadness. Some strategies include normalising and validating emotions, diaphragmatic breathing, relaxation and mindfulness, challenging thoughts, gradually facing feared situations, self-care and support-seeking. Each section has rhymes, simple explanations and interactive questions which helps learning. Mind Magic can be used as an educational tool for parents, teachers and mental health professionals. Free downloadable PDF worksheets are also available for individuals and groups. It is especially

suitable for children aged 7-14+ years who can read it independently, but it can also be used for younger children with guidance for the more abstract cognitive concepts.

Brave Book 'Brave Book' is an A5 journal for young people to record their brave moments. It is an engaging way to apply the CBT coping tricks learnt in the original 'Mind Magic' book to build confidence and reduce anxiety.

ACC Mental Health Sector Liaison meeting, 17 June 2020

Attendees

MHSLG External Members:

New Zealand Psychological Society, New Zealand Association of Counsellors, New Zealand Christian Counsellors Association, New Zealand Association of Child and Adolescent Psychotherapists, New Zealand College of Clinical Psychologists

ACC Attendees

Kris Fernando	Manager Clinical Partnerships (Chair)
Bonnie McLean	Acting Head of Māori and Cultural Capability Team
Susan Calvert	Clinical Partner
Kristina Pervan	Mental Health Portfolio Manager
Sherilee Kahui	Mental Health Portfolio Advisor
Melissa Cross	Principal Advisor Mental Health

Apologies

Royal Australian and New Zealand College of Psychiatrists, New Zealand Association of Psychotherapists, Manager ACC Technical Services and Sensitive Claims

Discussion Areas

1. Review of previous Minutes and Action Items

- Psychological Services – lack of clarity among Case Owners re use of the Psychological Services codes. There is work going on in ACC to understand processes better and to rectify these confusions. Jen and Sherilee were going to follow-up on how communication can be improved with frontline staff.
- Buzz meetings were discussed with the group; these occur every day with frontline staff so if providers discuss concerns with their Engagement and Performance Managers, messages can be easily conveyed to frontline staff
- ACC to find out what support MSD is providing to people who have difficulty accessing telehealth due to lack of internet connectivity and technological hardware. It was determined that no specific support is being offered via MSD. Work underway in the ACC policy group re options for working with other agencies for addressing barriers.
- ACC to discuss with pricing team how group therapy remuneration rates were arrived at and what factors were taken into consideration (see below).
- Kris Fernando and Vicky Smith to follow up with RANZCP regarding ACC developing closer engagement with the College. RANZCP has agreed to the Terms of Reference, have indicated that they would like to meet quarterly with ACC and the first meeting is in the process of being set up.

2. Group therapy remuneration

In response to questions about funding of therapeutic group work, ACC provided information from the pricing team as to how the current remuneration rates were reached. Payment rates are based on six ACC clients attending with the group being run by a psychologist and level 7 counsellor. However, since these rates were initially set, some changes have occurred such as the reduction in the required number of ACC clients in a group from six to four. Feedback from members also indicated that the lack of payment for DNA's sometimes meant that the costs of running the groups were not covered. Mention was made of the lack of administration and coordination time;

Sherilee responded by saying that not all of each funded hour needs to be used for the actual running of the group – a portion can be used for administration purposes.

Action Point: Sherilee Kahui will feed the above information back to the ACC pricing team for consideration as part of the end to end review of Mental Health services.

3. Update on Kaupapa Maori pathways/Rongoā Maori

Rongoā Māori

Bonnie McLean provided an update on ACC changes re rongoā Māori. In order to produce more consistency, internal guidelines re approving and funding rongoā Maori have been developed and were released internally on 1 June 2020. Further guidance will be produced over time but, in the interim, outcomes will be monitored. Rongoā Māori now has its own purchasing code. Providers will need to provide a rationale as to how rongoā Māori meets the criteria as "Other Social Rehabilitation". If there are any questions regarding approval of rongoā Māori, the case owner will follow a process including how to escalate the issue to the Māori and Cultural Capability Team (MCCT) for their input. Questions were asked as to how it is determined whether a rongoā Maori practitioner has the appropriate experience and skills. Many of our providers will use the Ministry of Health's Tikanga-ā-Rongoā standards and others will be members of the national rongoā governance body Te Kāhui-Rongoā. Further work will be conducted by policy in this area, guided by Māori, to ensure that practitioners deliver good quality and safe services to clients.

Kaupapa Māori approach for Sensitive Claims

Kaupapa Māori work for Sensitive Claims continues to progress. There are two strands to this work – adapting and improving the existing ISSC pathway for Māori clients and developing a new Kaupapa Māori contract for Sensitive Claims. The next steps will involve

- thinking about how the 'Healing Approaches' developed out of the Te Kāhui Toiora mahi can be released to Te Kāhui Toiora and
- forming a sub-group of the MHS LG consisting of members identifying as Māori to provide initial and ongoing guidance.

This work needs to be characterised by trust, continuity, active engagement, national hui and true co-design. Two areas of focus for the existing ISSC service are

- how does ACC engage to make this work appealing for Maori providers; and
- how can ACC ensure that barriers to Māori accessing services are reduced?

It was appropriately reinforced by MHS LG members that ACC needs to identify what will be different this time given that Māori have been involved in similar work in the past and there has been a lack of forward movement. The importance of drawing on past mahi was stressed as a rich fund of knowledge has already accumulated.

Action Points:

Sherilee and Bonnie to consult with Māori regarding the right way to release the 'Healing Approaches' report

A MHS LG sub-committee to be formed with those who expressed an interest to continue with Kaupapa Māori pathway work – to be initiated prior to next MHS LG meeting.

4. Find Support website

The Find Support website has already had some updates and more work is planned. Feedback has been received that information about providers and their availability should be included in future improvements to provide clients with more information as well as ACC frontline staff. Further consultation will occur with the sector. Initial improvements are scheduled for the end of 2020 and then further changes during 2021. Examples of provider information which could be included are gender, geographical location, ethnicity, treatment approaches, cultural capability, use of rongoā Maori, Kaupapa Māori approaches and availability for telehealth consultations. With the availability information, it is acknowledged that the information required should not place an undue burden on suppliers/providers.

Action Point: To update the group about progress on the Find Support website.

5. ACC Webinars on ACC's new way of supporting clients' recovery

ACC did two webinar presentations on 23 June and 25th June which provided information about the new way frontline staff are working with the opportunity for questions. They were largely a repeat of the December 2019 ones with more information now available to address queries.

A recording is available so you can watch the webinar or pass it on to colleagues.

You can access the recording by clicking this [link](#)
Access password: ACCwebinar-2020

6. *Extra webinars*

For those who couldn't make last week's sessions, we'll be hosting the same webinars in early August. You can register by clicking one of the links below.

Tuesday 4 August: [12.30pm-1.30pm](#)

Wednesday 5 August: [5pm-6pm](#)

7. *Transitioning clients to Assisted Support teams.*

At this stage, 2680 clients have been transitioned from partnered recovery to the assisted recovery and most of the feedback has been positive from clients and providers. Assisted recovery is for those clients for whom cover has already been determined, and are stable and progressing well, and do not require or desire much contact with ACC.

Prior to any transition occurring, the process is for ACC to have conversations with both the client and provider and for the client to have a good understanding of the process.

It was raised that some clients have misunderstood the communication and have become concerned that the transition will involve a change of provider which is not the case. It was suggested that clients may need some simple written information about what the transition will involve. Other concerns raised were the way transition from partnered recovery to assisted recovery was being discussed with clients and specific examples are going to be provided to ACC. It was also discussed that, when clients have raised questions about the transition, they have not always been rung back. It is positive to have this feedback in order to be able to further improve the transition process.

Under the new operating model, there is one assisted recovery team that will support clients with a sensitive claim, with ACC staff located in Dunedin and Wellington. There will only be two assisted recovery streams which will be based in Wellington and Christchurch.

Action Point: Heather Hulse to provide feedback to Melissa Cross regarding specific examples. Melissa is the contact for any feedback about the transition process between partnered recovery and assisted recovery under the new operating model. Her email address is Melissa.cross@acc.co.nz.

8. *Use of telehealth post COVID-19.*

Discussed telehealth provision of telehealth services during COVID-19 lockdown and since; feedback via Heartbeat (survey) from clients and providers has been positive. ACC is reviewing the data gathered to make decisions about telehealth use in the future. Feedback has been provided about how telehealth has improved access to mental health services for clients in rural and geographically isolated areas. Some clients have preferred the interpersonal distance telehealth creates when discussing personal and distressing matters. At this stage, pre-approval is not required, and a decision still is yet to be made about whether this will continue in the future.

Action Point:

ACC to update the MHSLG about telehealth outcome data and progress re decision making on telehealth for the future

9. *ACC/Corrections Collaboration*

ACC briefed the group about work which is proceeding with ACC and Corrections. This work is looking at what services are provided to clients in prison, what improvements can be made, understanding the barriers to providers working with clients in prison and how to ameliorate or reduce these, and how to keep track of clients on release from prison and provide continuity in service delivery. This is a large piece of work; a working group has been formed to look at some early improvements which can be facilitated. Feedback was provided by the group about some of the difficulties in working with clients in prison including delays in seeing clients, long wait times,

unsuitable rooms, lack of support for clients following assessments and therapy, lack of information when clients are transferred or released, and confusion over which services ACC can provide when clients are being released from prison, such as social work.

Action Point: ACC to inform MHSLG about progress in the ACC/Corrections work and for the group to act as a sounding board.

10. Active Liaison code and interagency consultation

This discussion centred on the importance of providers being able to work with other organisations especially with clients presenting with complex problems and risky behaviour. The group highlighted that ISSC active liaison facilitates MDT cross-agency work but that it is not always easy to work with other organisations. Difficulties were noted with Oranga Tamariki, Corrections and District Health Boards. Lack of ease of information sharing was noted as a barrier to inter-agency collaboration with it being noted that it is particularly difficult with Oranga Tamariki. It was mentioned that it would be helpful to know of any MoU's ACC has with other agencies re information sharing. ACC and Corrections are currently setting up a MoU re information sharing.

Some questions were raised in the group regarding Active liaison and we can confirm the following

- Active Liaison requires pre-approval and up to 10 hours per client can be requested. Active Liaison services are to be delivered by the Lead Provider.
- Up to 2 hours of the 10 hours can be requested for the Lead Provider to liaise with a Supported Assessor to determine if there are any supported assessment needs for a client at that stage. If this is required, the Lead Provider should submit the Early Planning Report and identify that Active Liaison hours have been used during the Early Planning stage. This then activates the requirement for ACC to create and send the provider the related purchase order referral for Active Liaison.
- Where possible requests for Active Liaison should be made as part of the request for a Primary Service item and be for the number of hours required for the duration of that service.

More funding is potentially available for clients with particularly complex issues requiring high levels of liaison if a rationale for more hours is provided.

The difficulties in establishing cross-agency liaison with DHBs was mentioned and that it is difficult for ACC providers to work in collaboration with DHBs. This is a significant concern because clients being seen by DHBs and ACC providers often are the clients with more complexity and risk issues. There was consensus that DHBs need more information about the roles and responsibilities of ACC counsellors and ways of working and vice versa.

Action Points:

Melissa Cross to find out where ACC has MoU's regarding information sharing with organisations such as Oranga Tamariki and the Ministry of Education.

ACC to discuss ways of communicating and working more effectively with DHBs

Next Meeting: Wednesday 9th September 2020

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	NEW DATES: 25-28 March 2020	NZCCP 31st National Conference "Tui, tui, tui, tuia"

Other Events

LOCATION	MONTH	PRESENTER/ CONTENT
Webinars	Various	DBTNZ webinar training series
Wellington	Sep, Nov	ACT workshops
Webinar	11-12 September	Emotionally Focused Therapy with Individuals – EFIT Level 2
Napier	24-25 September	Trauma and Personality Disorder: Integrative Psychotherapy of Trauma Induced Personality Disorders
Auckland	17-23 October	MTI NZ Intensive
Auckland	October	Trauma Education presented by Dr Leah Giarratano
Napier	15-16 October	Modern Therapy Approaches for Narcissistic Personality Disorder
Wellington	29 October	National Trauma Symposium
Auckland	7-10 November	ANZ ACBS conference 2020
Napier	12-13 November	Complex Cases: Treatment of Chronic and Recurrent Mental Health Problems by Personality Functioning Informed Therapy
Napier	30 November-2 December	RANZCP 2020 New Zealand Conference
Wellington	10-11 December	ASfAR 2020 Autism Conference
Bay of Islands	18-20 March 2021	Annual Scientific Meeting of the New Zealand Pain Society



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

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 – level2

Offered in capital cities, self-paced online and 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.

1/9/20 to 1/12/20 self-paced online
1 - 2 October 2020 Livestream
13 - 14 October 2020, Perth CBD
20 - 21 October 2020, Brisbane CBD
27 - 28 October 2020, Auckland CBD
1/11/20 to 1/2/21 self-paced online
10 - 11 November 2020, Sydney CBD
17 - 18 November 2020, Adelaide CBD
24 - 25 November 2020, Melbourne 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. 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.

1/9/20 to 1/12/20 self-paced online
8 - 9 October 2020 Livestream
15 - 16 October 2020, Perth CBD
22 - 23 October 2020, Brisbane CBD
29 - 30 October 2020, Auckland CBD
1/11/20 to 1/2/21 self-paced online
12 - 13 November 2020, Sydney CBD
19 - 20 November 2020, Adelaide CBD
26 - 27 November 2020, Melbourne CBD

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

\$680 AUD each Day 1-2 or Day 3-4. Same fee for capital city, online or livestream

\$1,270 AUD Days 1-4 paid in one transaction. Same fee for capital city, online or livestream

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

Please note you must have first completed Day 1-2 to attend Day 3-4.

Please consider our self-paced online program or interactive two-day livestream if you are concerned about COVID-19.

Note that attendee withdrawals attract a processing fee of \$77. No withdrawals are allowed in the ten days prior to the workshop start date; however, positions are transferable to anyone you nominate (or to an online offering).

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



