



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

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Koia ko Takurua whakahuka maunga, whakahuka whenua.

*Tis this wintry cold, as signalled by the star constellation Sirius, causing
snow upon the ranges and frost upon the land.*

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COVID-19 UPDATE

With a sense of déjà vu the NZCCP wishes you and your loved ones all the best for the challenges of the COVID-19 virus pandemic, the periods of self-isolation, and the disruption to "psychological business as usual." We are receptive to doing what we can to support members through this difficult time, so please be in touch.

The Ministry of Health website has updated [advice for community allied health, scientific and technical providers in Alert Level 2](https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-health-professionals/covid-19-mental) or go to <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-health-professionals/covid-19-mental>

[health-and-addiction-providers](#) for more specific guidance for community mental health and addiction services (this was updated on 23 August 2021)

From the advice to Allied Health Providers, clinical reasoning and risk assessment remain the fundamental principles for considering care at Alert Level 2. Telehealth and virtual appointments are still the preferred option and please exercise extra caution when treating vulnerable groups

Clinicians will be able to see patients face to face if the following processes are in place:

- [screening for COVID-19 symptoms](#) prior to face-to-face appointment
- [physical distancing measures](#)
- [infection prevention control measures](#) including PPE where required (*see below*)
- [Transmission precaution measures](#) including consideration of ventilation

When considering travel within and between regions ensure all risks have been taken into account before undertaking to provide care to patients and traveling to receive training. Group treatment can occur so long as physical distancing is in place.

PPE requirements

The Ministry website states that "PPE is not needed in all interactions" and following discussion with the Psychologists Board our current understanding is that there is currently no mandate that requires clinical psychologists to wear PPE in Delta Alert Level 2. You can use your own judgement provided that the other risk mitigation processes are in place including

- [screening for COVID-19 symptoms](#) prior to face-to-face appointment
- [physical distancing measures](#)
- [Transmission precaution measures](#) including consideration of ventilation

[ACC](#) has published updated information about providing services at different alert levels on their [website](#). Due to the more transmissible Delta variant there are some changes to previous alert level requirements.

There are also a number of NZ based resources available at [NZCCP COVID-19: Information and resources webpage](#) that may assist people to learn more about online therapy and other aspects of practising during the pandemic.

Please also go to page 7 for a reprint of Malcolm Stewart's very useful "*Telepsychology Pearls of Wisdom*".

Speaking Up for Clinical Psychology

Tēnā koutou kātoa
Ko Paul tōku ingoa
Nō Ingarangi au
Ko Great Whernside te maunga
Ko Nidd te awa
Kei te noho au ki Pōneke
Ngā mihi nui ki a koutou



Kia ora koutou katoa,

I hope you are all coping well under the current circumstances, as we head into our third straight week of Covid-19 restrictions. Perhaps not surprisingly, we've had a fairly steady stream of media interest over the last few weeks in how New Zealanders have been coping and it's been great to see so many of our members contributing to the discussion in the press. Sincere thanks to everyone who put their hands up for this.

In fact, since my last update, we've had an enormous amount of press interest- typically fielding multiple requests a week. While we try to help with every enquiry- often asking members or other experts to provide advice or comment- we are somewhat selective in which topics we speak to 'on behalf of the College', usually choosing topics that we a) feel are clearly within a clinical psychologists' scope of knowledge and b) are consistent with the College's strategic plan. We appreciate that the membership is broad and it is very hard to represent everybody but there are some topics- like the fact that [we just don't have enough clinical psychologists](#) in New Zealand- that we can nearly all agree on. If you haven't seen it already, the amazing [petition started by clinical psychology students](#) has already surpassed 11,000 signatures.

In terms of representing the views of the members, we're trying hard to develop better ways of communicating- including me sitting down to write this update every few months. For those on social media, we have massively increased our presence on [Facebook](#), [Twitter](#) and [LinkedIn](#). We do also have a (currently relatively underused) [Instagram](#) and we are currently planning/working on a YouTube channel. Please do like/follow and share/retweet our pages and our posts- the more engagement we have, the better the 'reach' we have with the general public.

For the most part, Facebook seems to be where most of our members engage in discussion, and we have several active member-only groups. This week, we have launched an '[All NZCCP Member Forum](#)' on Facebook, where we hope we can have more regular discussions about some of the issues that affect us all as psychologists (or, at least, those not covered by current groups).

A big 'thank you' to everyone who contributed to our surveys on the high demand for clinical psychologists in the private sector (which translated into a [press release](#) and underscored much of our recent media work) and also the survey on difficulties with ordering Pearson Clinical tests (we have been in touch with Pearson about this and hope to meet with them to discuss in the near future). These (very short) surveys seem to work well- much better than asking for email comment- so we hope to continue with those as a way to capture the experiences/thoughts of the members.

On that note, we've already had some good member engagement and discussion around two upcoming government consultations. Some of you may have heard me discussing the government's [Conversion Practices Prohibition Bill](#) on [Radio NZ](#) recently- the closing date for submissions Select Committee are due to close next week, so we'd love to hear the views of the wider membership on this issue. Similarly, we've been consulting with some members on the [NZ Inquiry into School Attendance](#), where we feel Clinical Psychologists can make a potentially very useful contribution. The surveys are very short (although you can write as much as you like!) so we'd love to hear from as many of you as possible (survey links below).

I'm always pleased to hear from individual members who are passionate about particular subjects. Do please drop me an email, paul.skirrow@nzccp.co.nz if you have any thoughts or ideas on the work that you feel the College could be doing. There's also a lot more going on than I can possibly do justice to in this short column, so I'm always happy to speak individually.

Ngā mihi nui and stay safe,
Paul

'Conversion Practices Prohibition Bill'

(survey closes 7/9/2021)

**TAKE THE
SURVEY**

'Inquiry into School Attendance'

(survey closes 19/9/2021)

**TAKE THE
SURVEY**

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

Tania Davidson, Wellington
 Amy Edwards, Christchurch
 Nicole Gifford, Auckland
 Millicent Gledhill, Wellington
 Kate Hebenton, Auckland
 Madi Jones, Wellington
 Caoimhe O'Leary, Wellington
 Amy Spies, Auckland
 Jeanne van Wyk, Auckland
 Maryna Verynska, Canterbury

Full Members

Clare Allen, Auckland
 Scott Anderson, Christchurch
 Lianne Atkinson, Otago
 Anica Bura, Wellington
 Engela Elizabeth Coetsee, Hamilton
 Elizabeth Conrad, Hawkes Bay
 Krystal Culver, Palmerston North
 Stacey-Lee Esterhuizen, Auckland
 Simon Goss, Canterbury
 Amy Granberg, Auckland
 Samantha Groves, Christchurch
 Debra Hayes, Auckland
 Erin Helliwell, Canterbury
 Zoe Jaquiere, Dunedin
 Anne-Mari Joubert, Wellington
 Michael Lane, Hawkes Bay
 Freyja Mann, Otago/Southland
 Tariro Marufu, Hawkes Bay
 Kate McKeogh, Canterbury
 Lynley McLay, Wellington
 Kathryn McLennan, Wellington
 Gerard Montgomery, Wellington
 Aimee Peacock, Otago
 Phillipa Reihana, Canterbury
 Hāna Retallick-Brown, Canterbury
 Jessie Smith, Hawkes Bay
 David Smits, Christchurch
 Charmaine Strickland, Queenstown
 Oscar Taylor, Wellington
 Ellen Warhurst, Otago/Southland
 Katie Weastell, Wellington
 Charlotte Williams, Auckland

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

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

NZCCP membership Benefits include:

Access to excellent Professional Indemnity Insurance

Members of the College can purchase membership of the [Medical Protection Society \(MPS\)](#), which provides access to legal advice and representation in the event of a hearing. Even working for organisations such as District Health Boards or the Department of Corrections does not mean they will protect you in the event of malpractice complaints. You have enduring coverage for events that happened in the entire time you paid MPS fees so in the case of a retroactive complaint many years after your retirement, for instance, you will be entitled to representation. Student members of the NZCCP are entitled to be covered by the MPS scheme at no cost. Click on the following link 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](#)

The [Medical Protection Society \(MPS\)](#) also facilitates a free EAP style counselling service for members who may be having difficulties or issues in their personal or professional lives.

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

Our subscription with Psychotherapy.Net provides **free access to 25 video recordings/year of the work of master therapists and different therapeutic approaches**, for ongoing Continuing Professional Development.

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
Job vacancies

The College website has a very useful [Find a Clinical Psychologist resource](#). 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. There is also an availability field which allows you to [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! Your private practice information published on the [NZCCP "Find a Clinical Psychologist"](#) resource can also be [updated and changed](#) whenever you want.

Of note, in response to a request from Fixate (a New Zealand support group for OCD) a new search option has been added to the [NZCCP "Find a Clinical Psychologist search"](#). People often are looking for a therapist who has specific training in and experience of Exposure Response Prevention (ERP) therapy for OCD (rather than for anxiety). As always, please take a moment to reflect on whether this is an area in which you have expertise before checking the box, ERP therapy for OCD.

Further to Paul's article above the College's Facebook activity includes a number of busy discussion groups including the [private practitioners](#) page, the [teletherapy discussion group](#), the [family court special interest group](#), [Psychologists Providing Services to NZ Police group](#), [student members group](#) and branch groups for [Auckland](#) and for [Otago/Southland](#). If you're a Facebook user, please feel free to click on and sign up to those groups.

The most recently added groups are the [All Members" Facebook group](#), which is open to all College members, and the [NZCCP ACC Clinical Psychology Providers Group](#), a discussion/support page for NZCCP members who work under the ACC Contracts.

Please let us (office@nzccp.co.nz) know if you want more regional or special interest groups set up.

Grants and Scholarships

The annual [NZCCP Emerging Leaders Development Grant](#) has now been jointly awarded to **Stephanie Kennerley**, to go towards funding her participation in Outward Bound's five-day Professional Course for Women in Leadership in November, and to **Emily Thomas** to go towards the costs incurred in undertaking the New Zealand Diploma in Child Protection, run by Child Matters.

The College heartily congratulates these award recipients and we look forward to an article or report from each of them for publication in the Journal NZCCP.

Membership Renewals

Renewal notices were sent out in early June and we thank those of you who responded promptly to complete the renewal form.

For those of you who haven't quite got round to it yet you are reminded that there will be a 7% late payment fee if your NZCCP subscription fee is not paid before 30 September and your MPS membership will automatically lapse if your MPS membership subscription fee is not paid within 120 days of the due date.

Renewing your membership is very straightforward:

- Please check your inbox for your membership renewal notice and e-invoice
- Please [follow the link to renew your membership](#) with NZCCP (and MPS if relevant)
- Please pay your membership subscription fees promptly

Thank you - your continuing support of the College is greatly appreciated. and

In the event that your contact or other membership details change [you are can easily update your membership details here whenever you wish.](#)

Please let me know if you have any questions or if you need any help.

Journal NZCCP

The next Journal, Winter 2021, Vol 31 (1), will be published on or around the coming equinox. The theme for this issue is **"clinical applications and learnings"**.

We still welcome your submissions for this issue, provided you can get them to us by Monday 13 September at the latest!

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

Here are some types of submissions:

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

Please also let us know if there are any other clinical psychologists you think we should approach.

[We are very much looking forward to receiving your wonderful submissions \(which can be submitted online here: http://www.nzccp.co.nz/about-the-college/publications-and-resources/journal-nzccp-article-submission/\)](http://www.nzccp.co.nz/about-the-college/publications-and-resources/journal-nzccp-article-submission/)!

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

Rainbow Psychology Peer Consultation Group

Kia ora folks, my name is Dr Em Edwards (they/them). I'm a non-binary, pakeha clinical psychologist in Auckland, working in both public and private sectors. Currently, rainbow psychologists in New Zealand lack coordinated access to support, supervision, mentoring, and ongoing education from other rainbow psychologists. To begin addressing this need, I am starting a peer consultation group for rainbow psychologists. My intention is to create a safe space to support and learn from each other as we navigate the experiences of holding diverse identities while also working with this population. I am interested in co-creating a vision and establishing values for this consult group together with rainbow peers. I have chosen the word 'rainbow' to signal my intention for this group to make space for those who hold identities and relationships outside dominant cisgender, heterosexual, monogamous society.

If you are a rainbow psychologist interested in this peer consultation group, please get in touch:

Dr Em Edwards (they/them)

em@authenticpsychology.co.nz

**Please note that the focus of this group is specific to rainbow psychologists themselves. If you are an ally who would like to be considered for a future group or educational opportunities, feel free to contact me to express this interest*

Telepsychology Pearls of Wisdom

Malcolm Stewart

(Republished from ShrinkRAP Autumn 2020)

For many of us, assessment and therapy by telepsychology has been quite a new thing since Covid became part of our lives last year. This document (largely reprinted from ShrinkRap Autumn 2020) contains tips that have been gleaned from personal experience, relevant literature, and discussion with practitioners about how to make telepsychology as safe, effective, and sustainable as possible.

Telepsychology is the practice of psychology using any form of distance communication technology such as internet-based tools (e.g., Zoom), videoconferencing, or telephone, as an alternative to in-person interactions. This document mostly relates to use of distance technology by psychologists to undertake direct psychological assessment and therapy.

An important document to inform the practice of telepsychology is the NZ Psychologists Board Guideline on *The Practice of Telepsychology*, which can be found at: psychologistsboard.org.nz/forms-guidelines/. Please use this guideline to inform your telepsychology practice. Other relevant resources are available on the Board's Covid 19 page psychologistsboard.org.nz/for-practitioners/covid-19/ and on the NZCCP Covid 19 page: nzccp.co.nz/covid-19-information-and-resources/. A fundamental principle is that all services delivered by telepsychology should be consistent with the standards of care delivered during in-person care.

If you are aware of other "Pearls of Wisdom" that could be added to this document, please write them out in a format similar to that used in this document and send them to Caroline at office@nzccp.co.nz

Self-Care with Telepsychology

1. Doing telepsychology often takes more energy than face-to-face interactions.

This may be partly due to it being harder for both psychologist and client to pick up on the more subtle non-verbal and other cues when working remotely, which means that as a therapist you need to be attending even harder than usual to "read" the whole person, and

also need to somewhat amplify your responses (e.g. stronger facial expressions, “not-so-minimal encouragers”) to maintain the client’s sense that you are actively engaged. There may also be additional work to be done after a session that would normally be done during the session (e.g., sending out resources or preparing a summary that would normally be done during the session), adding to the workload.

- **Suggestion:** *If you find yourself feeling more tired than usual while doing therapy or other psychological activities on-line you may want to consider spacing out your appointments a little, doing slightly shorter appointments, or seeing fewer people in a day/session.*

2. Setting up your environment

Ensuring that the environment in which you do your telepsychology is as optimal as possible is important for the quality and sustainability of this work.

- **Suggestions:**
 - Ensure you work from a space that is private and free from noise and other distractions.
 - A larger screen, such as a desktop computer or similar, will reduce strain and will also increase your ability to detect non-verbal cues. Using tablets, small laptops, or smartphones may make it more difficult.
 - Headphones can offer better sound quality and more privacy.
 - Given that you will be sitting for some time, ensure that your space is ergonomically suitable for you.
 - Think about what is visible in your background – avoid anything that compromises your privacy or is too distracting.

Setting Up for Telepsychology

1. **Informed Consent.** Separate informed consent for use of telepsychology is required. See page 10 of the NZ Psychologists Board Guideline for indications of what clients should be informed of prior to receiving telepsychology services. While a signed consent form is desirable, this is not essential if specific situations make it difficult to achieve. Verbal consent should be documented in the notes if a written consent form is not obtained.
2. **If Possible, Face-to-Face First.** Some relevant literature suggests that even if the intention is to work with a client via telepsychology in following sessions, it is often ideal to have an in-person session first, and occasional in-person meetings if the work is long-term. This can be important due to the limitations caused by the loss of access to the full range of non-verbal information through telepsychology, and the impacts this may have on the quality of work possible. If the above is not possible, careful consideration of the suitability (e.g., due to the clients’ condition and situation) for telepsychology approaches should be undertaken before a client is taken on.

3. Help your client set up their environment

Advising your client how to set up to make the session as useful as possible may also be very worthwhile. This could include advice such as the following:

- **Suggestions:**
 - Make sure where you are sitting for the session is private and comfortable.
 - Ask others to stay away (and out of earshot) from you while you are in the session.
 - Having headphones can offer better sound and more privacy.
 - Turn off your phone and remove any other distractions you can.
 - Have some time available before and after the session so you can prepare for the session and wind down or think about the session afterwards
 - Have a pen and paper handy so you can make a note of important points and/or any practice-at-home activities you are asked to do.

Undertaking Telepsychology

1. Look at the camera

Our natural tendency is to look at the image of the person we are talking to rather than look at the camera, and this can come across as not maintaining eye contact, conveying a lack of connection.

- **Suggestion:** *Position the image of the person on your screen as close to the camera as you can so that maintaining eye contact is as easy as possible. If it is hard to maintain eye contact, consider if you can move the camera to a better location. Try to maintain eye contact similarly to how you would in a face-to-face interaction.*

2. Many people find silence in an online interaction harder to sustain than when in-person.

This can lead the psychologist to feel compelled to talk more than they might normally do, and more than is helpful for the situation.

- **Suggestion:** *Ensure that you are listening and talking in the optimal amounts and work to avoid talking more than is helpful as a way of dealing with uncomfortable silences.*

3. Sit further back.

If you are close to the device you are using the person will only see your face and will not see any hand gestures or other body language you convey. Particularly in one-on-one sessions, and particularly when the client is using a large screen, the “talking head” presentation can be a bit overwhelming for the client.

- **Suggestion:** *Sitting further back from the camera allows the person to see more of your body language and can at times make the interaction feel more relaxed.*

4. Turn off the picture of yourself.

Some people find it helpful to turn off the picture of yourself because it can be distracting, taking your attention away from the client.

5. Use of minimal encouragers

“Hmmm” and other small verbal fillers/encouragers often don’t work well with telepsychology because (due to the audio delay often experienced) they cause us to risk “talking over” each other and interrupting the flow of the interaction.

- **Suggestion:** *It is often better to use visual encouragers such as nods, smiles, etc., as appropriate.*

6. Risk assessment

Be aware that with the reduced access to non-verbal information that comes with telepsychology, risk assessment is more difficult than it can be in in-person settings.

- **Suggestion:** *This can be partly compensated for by being more pro-active in risk assessment than you might normally be, e.g.,*
 - *Being particularly responsive to any verbal risk indicators and more explicit than usual in safety checking, and/or*
 - *Being particularly thorough about establishing safety plans early in treatment for people with whom you are working using telepsychology.*

7. Do what you can to protect client information security

All types of telepsychology tools have their limitations regarding security, but some more than others. The NZ Telehealth Forum and Resource Centre recommend not using most consumer social media apps including FaceTime, WhatsApp, Facebook Messenger, Snapchat & Skype

unless there is no alternative. Zoom and Doxy.me are amongst apps that they suggest have more evidence for suitability for telehealth use.

- Many systems will have ways of making them more secure from at least some risks. For instance, if using Zoom, the four following strategies can be used to increase call security:
 - **Use a "Generate Automatically" meeting link rather than your "Personal Meeting ID".** This establishes a new link for each meeting so someone who has connected with you on Zoom before can't use that link again and try to "piggyback" on your current meeting. The choice between "Generate Automatically" or "Personal Meeting ID" link is provided on the Meeting Scheduling page.
 - **Add a Password.** This will also help prevent any unwanted guests at your meeting. The choice to use a password, and space for specifying the password, is on the Meeting Scheduling page.
 - **Use the Waiting Room function.** This prevents guests from entering the meeting without the host (person who set up the meeting) being aware of their presence. The host is notified of the presence of a new guest in the waiting room and has the choice to admit them to the meeting or not. This function is chosen during the meeting creation by opening the Advanced Options tab at the bottom of the Meeting Scheduling page, checking the 'Enable waiting room' setting, and then clicking on the 'Save' button.
 - **Lock the Meeting when all intended guests are present.** This stops anyone else from joining the meeting. This is done by clicking on the 'Manage Participants' button on the Zoom toolbar, selecting 'More' at the bottom of the Participants panel, then selecting the 'Lock Meeting' option.

8. Protecting your privacy and professional information

Using telepsychology may expose you to some potential risk to your privacy and professional information you hold.

- **Suggestions:**
 - If you are using Screen Share (where you show what is on your computer screen to your client) make sure that there is no other information (e.g., about you or about other clients) on your screen that you would not want the client to see. Remember that clients could use the screen capture function on their computer to make a permanent record of what you show them when screen-sharing.
 - If you are using a mobile device and move around while on a telepsychology session, be mindful not to offer views that might compromise your privacy or the privacy of anyone else in your space. This could involve turning your camera off while moving around.

9. Engaging significant others

One of the potential benefits of telepsychology is that it often allows contact with family/whanau members/significant others who cannot or do not attend in-person sessions.

- **Suggestion:** *If appropriate for the work you are doing, be prepared (with your clients agreement) to utilise this potential advantage.*

10. Keeping boundaries

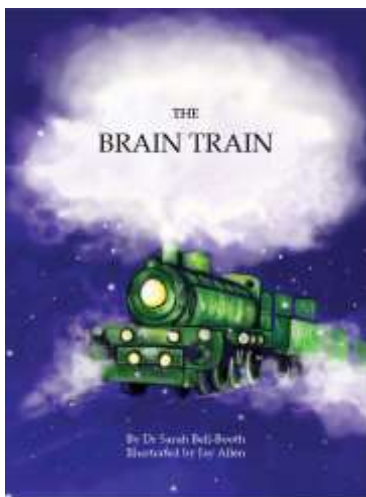
It has been suggested that as the client is in a less formal environment (e.g., their home) some may also regard the relationship with the therapist as less formal. This may present as less clarity about the boundaries of the professional relationship or less follow-through on issues such as practice at home of work from the sessions.

- **Suggestions:** *Be sure to clarify and maintain the boundaries that would be maintained in in-person work. Some additional effort may be required to ensure this. Be clear about requests for practice at home and other suggestions and expectations. Request the person to write these down and/or send a note outlining these as appropriate.*

11. Providing post-session summaries

It is often worth providing a summary of the major points from the session to the client at the end of the therapy. These can be emailed, possibly along with other resources that consolidate or extend the session content. This is often valuable in in-person therapy, but can be even more so in telepsychology due to the possibility of a different level of focus by clients in the telepsychology environment.

Our Clever Authors



Auckland based NZCCP member Dr Sarah Bell-Booth has written and designed a new book – *'THE BRAIN TRAIN'*, illustrated By Jay Allen

The Brain Train is a book that teaches children how to identify and challenge ten thinking habits that drive emotions. It uses the analogy of getting off red trains (unhelpful thoughts) such as the 'Self-Bully Train', 'Mind-Reading Train', 'Perfect Train', and 'Fortune Teller Train'. Instead, children will learn to press the STOP button and catch green trains (helpful thoughts) going to calmer, happier places.

This book focuses on cognitive restructuring, which is a well-known, evidence-based cognitive behavioural technique. It can help increase confidence and mood while reducing anxiety and helplessness. It is beautifully illustrated and enables a dialogue for discussing unhelpful thoughts with young people using age-appropriate language. There is also a series of interactive 'Train

Games' at the end for extra skills practice.

The Brain Train can be used as a resource for parents, teachers and mental health professionals. It is most suitable for children 6 years+ in primary school, intermediate school and beyond. Feedback is that it is a "simple and effective concept with gorgeous illustrations".

Available via www.drsarahbellbooth.com/books

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 feel like I'm ordering a curry in an Italian Restaurant!"

We were tetchy with each other from the start. It was hard to say why, but somehow we just didn't connect. The client had been referred by her GP following an escalating series of conflicts with her neighbour. She had a long history of falling out with people in her life, and it was suggested that she needed to learn social skills and positive conflict resolution strategies. I was happy to oblige.

Our first session went reasonably well, but as we progressed she increasingly wanted to talk about her childhood and in particular her difficult relationship with her father. Meanwhile, I was increasingly wanting to focus on the specifics of her current conflicts, looking for alternative tools and techniques to help her interact more effectively with others.

We became increasingly irritated with each other until halfway through the 3rd session she suddenly cried out: “Chris...I feel like I’m sitting in an Italian restaurant ordering a curry! I want psychotherapy for my childhood issues, and you’re simply offering a range of behavioural strategies that I don’t need or want”. There was an awkward pause before we then both laughed, perhaps a little awkwardly.

Her restaurant analogy was perfect. My training and my general approach to clinical work was creating a limiting constraint to the range of treatment options that I could provide. I was a great pizza chef, but not everyone likes pizza! She wanted a curry and she wasn’t prepared to budge!

Having agreed that we weren’t well suited as diner and chef, we decided that perhaps she would be better served by eating at the psychotherapy centre down the road. We parted with mutual respect, but I was left wondering how often all of us might force feed our specific training models onto our clients without properly considering whether it best fits their dietary needs? And just how wide is the range of genuine options that each of us provides on our therapeutic menus?

- *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.*

Surf therapy for mental health for people with communication disorders

Speech and Language Therapist, Julia Corbett, seeks to collaborate with a psychologist on a Surf Therapy community group she is setting up and/or research on the community group.

The Surf Therapy charity will be specifically for people with acquired communication disorders for example following stroke, intended to create a safe space for all people with communication disorders to access help for mood /psychological wellbeing, through supportive communication techniques and surf. In addition it is hoped that this will improve awareness of communication disorders in the general public.

Acquired communication disorders can lead to depression, anxiety, social isolation and suicidal ideation. Unfortunately, due to the nature of their condition people with communication disorders are often unable to access traditional “Talking therapies” for mental health.

Surf therapy is evidence based and is being used effectively world-wide for mental health with various populations including children, youth and adults with disabilities, military service veterans, adults who struggle with mental illness, children and youth in need of social and emotional support, cancer survivors and adults with addictions.

How you can be involved: Julia is currently looking for Psychologists who want to improve the quality of life of people with communication impairments. This is an opportunity to create something new from the ground up that could be life changing for many people. Please get in touch with Julia, jucorbett@hotmail.com, if you would like to be involved or if you would like more information.

Clinical Ethics Survey of Healthcare Professionals in Aotearoa, NZ

Mascha Moerenburg is a Health Sciences master’s degree student in Bioethics from the University of Otago, who is very interested in clinical ethics and in particular in the availability of clinical ethics support services (not to be confused with research ethics) within the New Zealand Healthcare system. Amongst other things, the arrival of COVID-19 has certainly brought ethical and moral dilemmas in the healthcare setting into view for both healthcare professionals and even the general public. Clinical ethics support services can help healthcare staff in navigating these difficult and often stressful situations. In Aotearoa, New Zealand clinical ethics support services are often still (but not always) in the start-up stages. As part of her master’s degree in Bioethics

Mascha has developed a survey to look into what type of clinical ethics support services are currently available within the different healthcare settings.

This study has been approved by both the Bioethics Centre and the Ngāi Tahu Research Consultation Committee of the University of Otago.

Further information about the survey and the actual survey can be accessed by clicking the following link: [Clinical Ethics Survey 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
Zoom presentation	13 September	Recognising and managing eco-anxiety in clinical practice and beyond
Otago/Southland	24 September	Bewitched, Bothered, Bewildered or Burnt out by borderline personality disorder?
Wellington	24 September	Shame, complex trauma and dissociation: Recognising, understanding and intervening

Other Events

LOCATION	MONTH	PRESENTER/ CONTENT
Webinars	Various	DBTNZ webinar training series
Webinars	Various	NZSIGN Monthly Neuropsychology Webinar Series
Online training	Various	Foundations in Suicide Prevention All New Online Training
Various	Various	EMDR Institute Trainings
Online training	From July	Introduction to Suicidology and Suicide Prevention
Auckland	7-8 September	Treating PTSD, Dr Leah Giaratano
Auckland	9-10 September	Treating Complex Trauma, Dr Leah Giaratano
Christchurch	25-26 September	2021 PATHA SYMPOSIUM
Christchurch	18 October	Kihirua Seminar
Wellington	1-2 November	Introduction to Acceptance and Commitment Therapy
Christchurch	8-9 November	Transformative Clinical Supervision
Auckland	12-13 November	Counselling Youth on the Autism Spectrum Training



Nationwide Contracting Opportunities for Psychologists with The Nelson Clinic

We are seeking psychologists from throughout New Zealand to join us in providing assessment, treatment, and intervention to clients on ACC contracts, including Psychological Services and Integrated Services for Sensitive Claim (ISSC), as well as private referrals.

If you are interested in working with clients with a range of clinical presentations including psychological needs related to either rehabilitation following physical injury or in response to the effects of sexual violence and trauma, then we would like to hear from you.

Who we are

The Nelson Clinic is a nationwide team of multidisciplinary professionals. We hold an extensive range of contracts across New Zealand designed to provide assessment and therapeutic support for New Zealanders. We specialise in mental health challenges in diverse contexts, including ACC Physical Injury and Sensitive Claims, Insurance Sectors, Medico-Legal and Private referrals. We are dedicated to providing compassionate and evidence-based treatment in working with the impact of sexual violence and physical injury and promoting healing, growth and resilience. We take an integrative approach to psychological treatment, tailored to individual needs.

What we can provide

We are able to provide referrals for our contractors that ensure both autonomy and security. We offer a flexible and supportive working environment with excellent peer, technical and administrative support. We can assist you in becoming a registered ACC provider and applying to work on the Psychological Services and ISSC contracts. We provide organisational supervision and a range of resources and tools to assist in streamlining clinical work including an electronic health management system designed to simplify scheduling, billing, and reporting. We pay our contractors 90% of revenue generated and this is paid on a weekly basis. You can provide both assessments and interventions to your clients or choose to specialise in providing assessments.

Our team includes psychologists and neuropsychologists, psychiatrists, social workers, psychotherapists, counsellors, art therapists and occupational therapists. We value developing a sense of connection and support within our team and thus offer peer supervision and opportunities for inter-disciplinary discussion.

Skills and Experience Required

We are seeking psychologists with:

- A current annual practicing certificate and registration with the New Zealand Psychology Board together with membership of NZCCP or NZPS (ICP).
- An interest in providing trauma informed care and furthering professional development within the dynamic and emergent areas of trauma and rehabilitation.
- Excellent relationship management skills with highly developed verbal and written communication skills.
- At least two years post registration experience.
- Attention to engaging sensitively with cultural needs and awareness of and commitment to Te Tiriti o Waitangi.
- Willingness to apply to become an ACC registered provider.

Both casual enquiries and formal applications (cover letter & CV) are welcome via email to our Practice Manager, [Frances Brett](#) or via our [website](#)



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

