



ShrinkRAP

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

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Me orite to hihiri.

One's life aura should always be balanced.

CANTERBURY EARTHQUAKE

Press release issued by NZCCP, NZPB, NZAC, NZAP, 8 September 2010

The NZ College of Clinical Psychologists (NZCCP), the NZ Psychologists Board (NZPB), the NZ Association of Psychotherapists (NZAP), the NZ Association of Counsellors (NZAC) jointly extend heartfelt sympathy to Canterbury residents in the aftermath of Saturday's 7.1 earthquake and the ongoing aftershocks with their associated trauma and stress.

We are heartened to hear that the Government has allocated funding of \$2.5million toward counselling for those suffering as a result of the earthquakes, and that extra experienced trauma counsellors are already on their way to Christchurch. The NZPB, NZCCP, NZAP and NZAC support interventions aimed at education about human responses to trauma, practical and emotional support, and the normalisation of distress reactions to traumatic events.

There is, however, evidence to suggest that "debriefing" (trying to get the person to recount or re-create the traumatic event and their experiences of it) after a traumatic event can be counterproductive. We would like to remind people, therefore, that there can be serious risks attached to receiving counselling from people who are not properly trained and, more importantly not registered under the HPCA Act with their professional registration authority, or alternatively with their professional association.

It is therefore critical that the public seek counselling from registered psychologists, psychotherapists or counsellors.

To check if someone who has offered you counselling is registered you can go to the following websites and enter their name:

<http://www.psychologistsboard.org.nz/Register/search.html>

<http://www.pbantz.org.nz/index.php?PublicRegister>

<http://www.nzac.org.nz/>

**Conference 2011
HOMESPUN WISDOM
19-20 March 2011
Parnell, Auckland**

There is much to celebrate about clinical psychology and psychological therapy in New Zealand!

This conference celebrates and showcases the wisdom and the innovation of New Zealand psychologists and psychologists living in New Zealand who will each present a two and a half hour workshop on their area of particular expertise, focusing on helping you develop skills and knowledge you can really use.

Workshop presenters were invited to present after being identified by NZCCP members as leaders in their fields and able to deliver authoritative, interesting, informative, and practical workshops.

The call for papers and posters is included later in this newsletter and for more information about the 2011 conference please go to <http://www.nzccp.co.nz/events/conferences/nzccp-national-conference-2011/>.

The Post Conference Workshop, *Neuropsychological and Cognitive Assessment Training and Update*, which is free to College members, will be held on 21st March.

In addition to this there will be a satellite workshop, *Imago Relationship Therapy*, presented by Harville Hendrix and Peter McMillan and Brenda Rawlings, from Imago NZ, on Monday 21st March & Tuesday 22nd March, also in Parnell, Auckland

The full conference and workshop brochure and registration form will be circulated later this month.

Australian Clinical Psychology Association (ACPA)

We have been watching the birth of ACPA with interest and anticipation and are delighted that they have now come into being and with much acclaim, particularly as it has been a parallel process to that of the College here in New Zealand twenty one years ago.

In the spirit of collegiality and reciprocity the NZCCP and ACPA have agreed to a mutually supportive relationship between our two associations. Membership of NZCCP will be seamlessly extended to members of ACPA who come to live and practice in New Zealand and NZCCP members can join ACPA by simply submitting certified evidence of their membership of NZCCP and receive the same level of membership as enjoyed with the NZCCP.

Needless to say, this reciprocity extends to registration at ACPA member rates for the inaugural ACPA conference which will be held in Sydney on 23 and 24 October, 2010. The conference brochure is included in this newsletter or you can go to www.acpa.org.au for more information and the registration form.

College President, Nigel Fairley, and College Kaumatua, Kuni Shepherd, have been invited to give the opening presentation at the ACPA conference: *"Hei Timatatanga/New beginnings: Experiences from across the ditch"*.

Representation/Lobbying

The College has been busy attending meetings with the Psychology Profession Advisory Forum (PPAF), the Mental Health Professional Liaison Group (MHPLG), the ACC issues group and the Labour Party Forum on Health.

The PPAF has been working on a jointly produced report for the Health Workforce NZ. A brief summary of this report, originally drafted by former Treasurer, Malcolm Stewart, is included below. In addition, consultation is underway for the planned translation of the *2002 Code of Ethics for psychologists working in Aotearoa/New Zealand* into Te Reo.

The MHPLG is currently working on developing a joint position statement on Attention Deficit Disorder in adults. College members will be asked to comment on the draft document within the next couple of months.

A brief summary of the discussion had at the ACC issues meeting in June is also included below.

The College has also been asked by the NZ Guidelines Group to comment on the draft guideline, Management of Early Colorectal Cancer.

Psychology Internships

A report entitled "Improving Support for the Training of Psychology Interns in the Health Sector" was submitted to Professor Des Gorman, Chair of the Health Workforce New Zealand from the psychology profession earlier this month. This report presented the distilled views of a wide range of contributors, including representatives of the DHB Psychology Leadership Council, the College, the Psychological Society, the Psychologists Board and the professional psychology training programmes across the country. What follows is the executive summary of the document.

The purpose of the submission was to address the major issue that a relatively low rate of training psychologists with the advanced qualifications and skills required for working effectively in different parts of the health sector is restricting the development of the psychological workforce in New Zealand.

The report outlined issues associated with the recruitment and training of Doctoral and Masters+Postgraduate Diploma-level psychology interns in the health sector, and proposed a strategy for further supporting and expanding the development of the psychological workforce for the health sector.

While there is a rapid growth of positions for psychologists in the physical and mental health sectors, in both primary and tertiary health services, there has been limited growth in the training of psychologists, and availability of intern placements is regarded as a major limiting factor in this.

The health sector is one of several government and private employers of psychologists, and which is somewhat disadvantaged in pay and conditions. Internships are seen as a valuable recruitment strategy as well as a strategy for ensuring that psychologists are trained with the specific skill sets needed for working in the health sector. In contrast with most other health disciplines, funding for psychology internships within the health sector has been on an *ad hoc* basis, and is neither mandated nor supported by any agency external to the employing organisation (e.g., a DHB). In general, funding has been derived from under-spend and has been dependent on the goodwill and support of DHB managers. The number of positions has been variable from year to year and often uncertain to within months or even weeks of the start of the new internship cycle. These factors put health at a disadvantage in recruiting interns.

With the difficult economic times in the general economy and the health sector in the last year there has been a 24% decrease in the number of internship FTEs available in DHBs, who are a predominant provider of internships in the health sector. Other providers within health are likely to experience similar pressures to divert funding for other

purposes. This indicates that significant improvements in the organisation and funding of psychology internships is needed if we wish to achieve the contribution that psychologists can make to the health of the nation in the future.

The highest priorities for improving support and training of psychology interns in the health sector are:

- Increase the consistency, predictability, and sustainability of the number of internships.
- Develop a more consistent approach to remuneration of psychology interns across the nation and between different programmes and services.

In order to improve the development of the psychological workforce for the New Zealand health sector through enhancing the training of new graduates, the following is proposed:

- That psychology interns working in eligible health services receive a salary for the 12 months period of their internship, based on the present employment awards for Intern Psychologists (approx. \$48000), adjusted pro rata to 4 days per week in recognition that one day per week will be allocated to University study.
- That a minimum of 75 psychology intern places be funded, increasing in number in subsequent years as determined by workforce development modelling and projection. This initial starting point of 75 is based on the numbers of internships (paid and unpaid) identified in health services over the last five years across several psychological sub-disciplines.
- That the funding for these positions be held centrally, and allocated through an agreement between the funder, training programmes, and internship providers. This agreement should be renewed on a three-yearly cycle to provide certainty to all parties regarding the availability of training positions over a reasonable time period.

In conclusion, the strategy proposed above would be likely to improve the ability of the health sector to train a range of psychologists who can meet the needs for psychological services across the broad span of the health sector and who can play a major role in supporting and upskilling other health professionals to be able to provide psychosocially responsive health care effectively and efficiently.

Membership News

At the National Executive meetings since the May ShrinkRAP the following people have been approved and accepted as

Full Members of the College:

Leigh Anderson, Christchurch
Brian Harvey, Hamilton
Andi Crawford, Hawkes Bay
Ruth Kinniburgh-White, Wellington
Barbara Manighetti, Wellington
John Moffat, Wellington
Shelly Lomas, Wellington
Beata Torok, Palmerston North
Muriel Christianson, Wellington
Katherine Huggard, Auckland
Dan Goodkind, Taranaki
Deborah Lee, Blenheim
Chloe Hudson, Christchurch
Mark Lewis, Hastings
Courtney Clyne, Nelson
Jacqueline Harris, Canterbury
Jan Geary, Auckland
Joan Norrie, Palmerston North
Melissa Ryan, Otago
Hilary Mack, Auckland
Allison Hewitt, Wellington
Sasha Gold, Wellington
Lynne Goodbrand, Wellington

The following people have been approved as **Associate Members** of the College:

Anna Chesney, Christchurch
Rebekah Jourdain, Palmerston North
Daria Korobanova, Wellington
Sean Versteegh, Otaki
Alex Mortlock, Canterbury
Nellie Lucas, Wellington
Anne Harvey, Masterton
Jared Watson, Lower Hutt
Natalie Blackmore, Canterbury

Psychologists Board

The Psychologists Board has recently placed its latest proposed "Best Practice Guideline" on their website for consultation. It can be found here:

[Consultation on the proposed "When to report to the Board concerns about another psychologist"](#)

Conference 2012

Plans are underway for a conference to be held jointly with the NZ Psychological Society in Wellington in April 2012. A committee comprising members of the Society, the Wellington branch and the College's executive director has been meeting and we have earlier this month signed an MOU. The venue, the Convention Centre, has been pencilled in and the aim is to get agreement on a shortlist with the clinical representatives from the Society and start approaching the shortlisted keynotes by the end of October.

ACC reports

ACC meeting with the Psychological Society and the College.

Representatives from the NZPsS and the NZCCP met with Dr Peter Jansen, ACC Senior Medical Adviser and Dr Kris Fernando ACC National Psychology Adviser in June as part of the regular meetings scheduled through the year to discuss ACC issues.

Sensitive Claims Clinical Pathway

The ACC representatives reported that so as to improve the functioning of the sensitive claims clinical pathway from ACC's perspective a fulltime data person has been employed to collect information on all points of the clinical pathway including referral sources. They noted that the main hold-ups are between getting the initial referrals to the IARTS assessment stage and getting the report back and that there are also minor delays at the end of the process e.g. liaising with the client to make sure

that they understand what is happening. They acknowledged that claim lodgements have dropped and what might have been accepted before is not necessarily the case now, given that ACC is adhering to the legislative requirement that clients require a diagnosed mental injury caused by sexual abuse/assault before claim acceptance.

NZCCP and NZPsS members' concerns about the sensitive claims clinical pathway were tabled and included concerns by practitioners that they may be labelled "trouble makers" if they spoke out about issues, that ACC staff were not hearing practitioners' concerns, that cost structures were not realistic, and that there was a large gap between referral and assessment and assessment and intervention with multiple disclosures. The ACC representatives replied saying that relationship and performance managers were there to work with providers and address problems, making it clear that ACC staff rudeness was not acceptable, and that the ACC290 was being reviewed.

Child and Adolescent Treatment Pathway

A working group, comprising private practitioners and others from health, education and academic institutions along with ACC, has met to look at child and adolescent treatment as a pathway, in particular to address the way different agencies can work together. The group is also considering appropriate substitutes for the DSMIV for assessment of under-12 year olds. It was acknowledged that the child/adolescent cannot be treated separately from his/her family and other agencies.

They are also considering early intervention options that may help with the prevention of mental injuries that can result from sexual abuse/assault. The working group is looking at streamlining the assessment and intervention process for people who, despite receiving early intervention, still

exhibit signs of developing a mental injury.

Concerns re ACC requests for clinical documents from practitioners

The ACC representatives made it clear that ACC is legally bound to acquire "sufficient information" in order to determine eligibility cover. While client consent is always sought before the release of information, the possibility of this happening should also be made clear to the client at the outset. The ACC legal and communications team are currently addressing the consent issue in consultation with the Privacy Commissioner.

The next meeting between ACC, the NZPsS and the NZCCP is scheduled for October.

Sensitive Claims Advisory Group

Catherine Gallagher is the new NZCCP representative at the ACC Sensitive Claims Advisory Group and recently attended two meetings in Wellington on 26 August and 8 September.

Primarily the first meeting was focused on the recent introduction of the 16 'support sessions' by ACC. This was apparently in response to concerns raised by the 'yet to be released' ACC independent review, that clients were generally unsupported while traversing the ACC clinical pathway.

The good news of additional funding was clouded somewhat by ACC having made this public statement, with no apparent infrastructure or guidelines for providers about how to access such sessions.

The tone set by Denise Cosgrove (General Manager Claims Management) was certainly one of consultation, however, for many providers it may require seeing this 'tone' translated into constructive action of the part of ACC, to be able to move on from many of the challenges raised though ACC's implementation and running of the clinical pathway.

ACC acknowledged that some of the difficulties have arisen as providers remain unclear about what process they are supposed to be following. To counter this, the firm request was made for ACC to provide training for providers around the changes and a clear and consistent flow chart system to help us all negotiate our way through the pathway (ACC staff included!).

The 16 support sessions were again the primary focus of the second meeting. A lot of work had been done in the meantime by ACC to operationalise the support session process, so that the practicalities of 'who does what and when' could be discussed in greater detail. The main take home messages from this were:

- The support sessions are able to be used flexibly for the purpose 'supporting' a new client through the cover assessment process. Ensuring safety and well being and beginning to gather information to aid the assessment process were also seen as key goals.
- ACC needs to be notified by at least session 12 whether the client will be initiating cover determination. If not, the client and counsellor have 4 sessions to terminate/transition.
- If the decision is made to go ahead with the cover determination process then the remaining sessions are to be used to help facilitate this and support the client through the process and any possible delays. Each new client is eligible for the full 16 sessions.
- Clients who were declined via the new pathway due to lack of information, or because they withdrew, are referred to as 're-activated declines' and will be

eligible for the 16 support sessions.

- If a client was declined following a full assessment under the new pathway, then they will be eligible for the support sessions if they present with new issues. Such sessions would be provided with an understanding that they were going to 'go down the cover assessment route'.
- The 16 support sessions are a 'one- time' option. If clients re-present then the expectation as it stands is that they would automatically be required to have a cover assessment to be able to access further ACC support (i.e. 3 session assessment).

There was clear recognition that 'return' clients are a many and varied bunch. There was also acknowledgement from ACC that the approach to dealing with these clients is variable and somewhat confused. ACC made a clear commitment to looking into this client group and seeing how this whole process could be made more clear and fair for clients. On a very positive note, ACC stated that they are attempting to take a 'developmental' or 'lifespan' approach to returning clients, rather than seeing their potentially intermittent need for support within a 'relapse' framework. This was thoroughly supported by all.

ACC have also committed to looking at how they communicate with clients and the consumer representative on the SCG will be having input into this. Please send any comments on how information is communicated to both clients and providers to Catherine via the NZCCP office (office@nzccp.co.nz).

ACC has re-iterated its commitment to consultation with the sector and to this end they have scheduled monthly SCG meetings for the next 6 months to start clearing the backlog of issues that have

arisen. The very recent publication of the Independent Review of the ACC Clinical Pathway has certainly created some increased impetus around this. The Independent Review Summary can be viewed at

http://feeds.beehive.govt.nz/release/minister+welcomes+sensitive+claims+clinical+review?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+beehive-govt-nz%2Fportfolio%2Facc+%28ACC+-+beehive.govt.nz%29

This document will provide the basis for a lot of the ongoing work within the SCG group. Any questions about the above information, or if issues are raised by the Review's summary document, please contact Catherine via the NZCCP office (aka Caroline) for tabling at future SCG meetings.

Summary of the ACC Pain Focus Group meeting for Professional Bodies:

The following items were discussed at the ACC Pain Focus Group meeting on 21st May 2010.

Feedback suggests all pain service providers are experiencing reduced referrals

The pain focus group heard from the wide range of disciplines represented that overall in the last half year; providers have noticed a reduction in the number of referrals from ACC. Members of the group reported that many providers question the viability of continuing to offer these services in the coming year. It seems clear that future planning of pain services needs to take into account the pricing, purchasing and intended geographical distribution of services. Providers noted that complex services in particular require considerable planning and staff development. The pain focus group heard feedback from some sectors indicating they feel the "risk" for businesses in providing this service seems to lie disproportionately with vendor.

A helpful tool for case managers

Following the review of the ACC Pain Services, work continues on developing a tool for case managers and primary care to use to help identify when pain services should be considered for their clients and which pain service would be the most appropriate.

Interventional Pain Management service

The pain focus group reviewed data relating to "assessment", "reassessment" and "follow-up" patterns and some specific paper review of particular interventions. ACC is committed to ensuring clients gain access to appropriate services for their condition but concedes that in the area of interventional pain services more careful evaluation of the threshold for treatment, length of treatment and number of assessments is required.

What are the essential elements of helping people with complex persistent pain?

The pain focus group discussed the elements which contribute to good pain management for people with more complex pain experience. The group acknowledged the importance of the biopsychosocial model in addressing all barriers to self management of pain and greater participation in life roles. Most of the representatives advocated for greater flexibility of programme design for individuals to assess and address pain experience.

It was noted that "participation in work" is frequently not a significant part of the CPA assessment nor is it sufficiently addressed in the Activity Focus Programme (AFP)/Multi Discipline Pain Programmes (MDPP) for individuals.

The group discussed how this very sensitive aspect of the psychosocial landscape is often difficult to address with ACC clients, particularly those who have had "cycles" of rehabilitation input in the past. In addition, for clients with a long association with ACC, their relationship with their case manager and with helpful therapists may also form part of the background factors influencing response to pain and pain experience.

Specific factors considered in reviewing services for AFP/MDPP

- Individual clients have different barriers/strengths
- Programme providers could address these better with some flexibility built into their contracts
- Continuity between phases of assessment, programmes and community support is missing and may be responsible for "failures"
- Communication with case managers, GPs, primary health providers was emphasised as vital to the collaborative approach ensuring the client obtains benefit from programmes
- Work and relationships (with employer/work/colleagues/Family/GP s/ACC case managers) are part of the environment in which the person is functioning and these need to be part of the conversation with clients.
- Clarity around service outcomes.

Health Practitioners Disciplinary Tribunal Hearing of the Charge laid by a Professional Conduct Committee against Anthony Lipanovic (Trainee Psychologist - suspended)

A PCC laid charges of professional misconduct against Mr Anthony Lipanovic in December 2008. The Health Practitioners Disciplinary Tribunal's decision was announced January 2009 and the penalties determined 13 May 2009. Specifically Mr Lipanovic was charged with professional malpractice or negligence in relation to the psychologist scope of practice, and for bringing discredit to the profession of psychology in that in the preparation of a forensic assessment report he:

1. used psychometric instruments that were inappropriate for the tasks being undertaken, inappropriately and/or inaccurately reported and interpreted the results of the psychometric results arising; and/or
2. drew conclusions, and/or made statements and/or recommendations that were unsupported and/or contradicted by the evidence available, including the manipulation of his findings to support his conclusions; and/or

3. lacked the necessary competence, skill, insight and/or understanding required to undertake forensic assessments and/or produce such a report; and/or
4. failed to recognise the importance of such reports and the significant issues of public safety they raise; and/or
5. failed to have adequate and/or appropriate supervision arrangements in place, as required by the Psychologists Board, and failed in those circumstances to refer the case on to an appropriately experienced and qualified psychologist; and/or
6. demonstrated a lack of honesty and integrity, including by:
 - a) referring to himself as a Trainee Psychologist despite clear instructions from the Board to not do so unless he was receiving appropriate supervision; and/or
 - b) referring to himself as a consultant to Auckland Prison when he was working there only in the role of ACC sexual abuse counsellor; and/or
 - c) claiming to have prepared "forensic reports" since 1966 despite not having a relevant qualification until 2002, not having been registered under the Psychologists Act 1981 and not being entitled to use the title "psychologist" under the Act; and/or
 - d) referring to himself against the term "NZ Psychologists Board IPC No90-02470; and/or
 - e) stating in his report that he was about to sit his final examination for Board registration in circumstances where his readiness to sit that examination was under assessment.

Mr Lipanovic pleaded guilty to particulars 1-5, but defended the particular that he demonstrated a lack of honesty and integrity. The Tribunal heard evidence on all particulars, including those already accepted by Mr Lipanovic, in order to establish to its own satisfaction the guilty pleas were warranted and in order to determine whether disciplinary sanctions were justified.

The forensic report was prepared for the Parole Board and discussed the psychological profile of a paedophile imprisoned under preventative detention approximately eleven years previously. The report included a risk assessment. The Tribunal accepted the

evidence of an expert witness that psychometric tests were used inappropriately and then were inaccurately or inappropriately reported. The Tribunal noted that the preparation of professional reports for the Parole Board where the intention of the report is to inform judicial or quasi judicial processes has significant implications for public safety and risk.

The Tribunal found the following in regard to each particular of the charges:

Particular 1: The Tribunal acknowledged that the professional conduct should be measured against the conduct of other trainee psychologists, rather than a fully qualified psychologist. The Tribunal accepted the evidence of the expert witness that the use and reporting of the psychometric tests were of a standard which was inappropriate even for a trainee psychologist. Furthermore, a trainee must be vigilant to the risk of error and the need for appropriate supervision. It was established that Mr Lipanovic regarded himself qualified to do this assessment and did not have appropriate supervision. The Tribunal found the particular established.

Particular 2: The Tribunal accepted expert witness evidence that the conclusions drawn, that the risk of reoffending would be almost zero if certain conditions were imposed, as unsupported. The Tribunal was also concerned about the risk to public safety should that report go before the Parole Board. The Tribunal found the particular established.

Particular 3: The Tribunal accepted expert witness evidence that the report showed a low level of skill, a lack of insight and understanding, and therefore that the particular was established.

Particular 4: The Tribunal was satisfied that Mr Lipanovic failed to recognise the importance of such reports and the significant issues of public safety they raise. The Parole Board is reliant on the skill and impartiality of the health professional preparing a report for its consideration and this case concerned the liberty of an inmate who had been a repeat sexual offender against young people. The Tribunal found the particular to be established.

Particular 5: The Psychologists Board had clearly stated to Mr Lipanovic that he must not practise without appropriate supervision,

and Mr Lipanovic had countersigned the letter stating this to confirm his acceptance of this constraint on his practice. Given these circumstances Mr Lipanovic should have declined this referral and referred the request to somebody suitably qualified, but failed to do so. The Tribunal found the particular established.

Particular 6a): The Tribunal established that at the time of the preparation of the report and writing it, Mr Lipanovic was not entitled to represent himself as a Trainee Psychologist, and that this had been clearly communicated to him by the Psychologists Board. At the time of writing the report he neither had the correct registration nor an IPC. To hold oneself out to be a registered health practitioner is a significant matter containing both privileges and responsibility. Therefore Mr Lipanovic showed a lack of honesty and integrity by referring to himself in this way. The Tribunal found particular 6a to be established.

Particular 6b): Although the wording in the report suggests Mr Lipanovic represented himself as a consultant to Auckland Prison, the Tribunal found this breach to be "not of such significance that it would make a finding of professional misconduct on this sub-particular on its own".

Particular 6c): The Tribunal did not think that the term "forensic reports" is restricted to just those who are registered as psychologists and therefore did not find this particular proven.

Particular 6d): The Tribunal found that, by referring to himself in the report as "NZ Psychologists Board IPC No. 90-02470", Mr Lipanovic intended the reader to believe that he had a current IPC and was registered as a Trainee Psychologist under the HPCA Act. The Tribunal found this to be a serious breach of his professional obligations and therefore found the particular established.

Particular 6e): The Tribunal found that Mr Lipanovic, by describing himself as waiting to sit the final examination for Board registration, endeavoured to suggest he was more qualified than he actually was. The Tribunal found this particular established.

In summary, the Tribunal found Mr Lipanovic guilty of particulars 1-5, 6a, 6d and 6e of the charges, that this amounts to professional misconduct, and that this misconduct

warrants disciplinary sanction. The Tribunal imposed the following conditions for a period of two years from the date of their order (13 May 2009):

Mr Lipanovic may not:

- i) work in the area of forensic or criminological risk assessment.
- ii) produce reports for use in courts of any kind, nor by the Parole Board or by representatives of those forums.
- iii) work with people convicted of violent or sexual offences, either in terms of assessment, therapy, advice or group work.
- iv) provide supervision to any person (regardless of their occupation) in any of the above areas.
- v) represent himself to anyone (including the media) as an experienced person in any of the above areas.

For the remainder of his time as a Trainee Psychologist Mr Lipanovic must:

- i) have a Board approved supervisor who is advised of this proceeding and reports regularly to the Board on progress.
- ii) This supervisor may not be an employee or associated in any way with the organisation Mr Lipanovic owns, Kilpan and Associates.
- iii) have weekly supervision, of which 25% must consist of direct observation of his professional work with clients.
- iv) have all reports countersigned by his supervisor.
- v) inform any employee, manager and supervisor of this proceeding and provide them with a copy of the Tribunal's decision.
- vi) be responsible for the costs of all such supervision.

The Tribunal censured Mr Lipanovic and required him to pay 30% of the cost of the Tribunal (approximately \$12,000) and to make a contribution towards the cost of the PCC of \$40,000 (being approximately 17% of

the total costs). In addition they fined Mr Lipanovic \$3,000.

The Tribunal directed that a copy of their decision and summary be placed on the Tribunal's website and that a notice stating the effect of the decision be published in the Psychologists Board's Annual Report, the New Zealand College of Clinical Psychologists' newsletter "ShrinkRap", and the New Zealand Psychological Society's newsletter "Connections".

The Tribunal rejected an application for name suppression, determining that the principles of transparency, accountability, freedom of speech and fairness to other psychologists (to not be tarnished with suspicion) should prevail.

Appeal: Mr Lipanovic subsequently appealed against the Tribunal's finding that he was guilty on particulars 6(a), 6(d), and 6(e)) of a charge of professional misconduct. He also appealed against the Tribunal's orders as to penalty, costs, and name suppression. His appeal against the guilty finding was dismissed, and his appeal against the Tribunal's decision as to costs was allowed to the extent that the orders made by the Tribunal were reduced by 15%.

Cancer Society Auckland Division, Supportive Care: Counselling and Psychology Service

An opportunity is available for an experienced health professional to become a part of a team providing psychosocial support to people with cancer and their support people. This role involves individual therapy, group facilitation and working as a part of a multidisciplinary team. Interested candidates would preferably be registered health or clinical psychologists or registered counsellors/therapists with at least two years post graduate experience working in a health setting.

Please Email, write or fax expressions of interest to: Rebecca Lee, Manager Counselling & Psychology Service, Cancer Society, Auckland Division, rlee@akcansoc.org.nz, PO Box 1724 Shortland St, Auckland 1140, F: 3080175



Want to tune up your CBT?

Apply now for the Post Graduate Diploma course in Cognitive Behaviour Therapy. Offered by the University of Otago, Wellington

Funded* by Te Pou (The National Centre of Mental Health workforce development) for 2011.

The course is designed to suit new grad psychologists with a foundation in CBT or psychologists who want to extend their CBT knowledge and skills. Psychology applicants must be working at least 0.6FTE in a DHB or NGO mental health setting and have a post graduate diploma in clinical psychology (or equivalent). After a successful course in 2010 we are delighted to again have this opportunity to offer training to clinical psychologists.

The course covers advanced conceptualisation, working with complex cases, and advanced topics in mental health and addictions. It is a practical and applied workforce development course, which is taught in Wellington over three block weeks. Students apply what they have learnt in their workplace, under supervision from a senior clinical psychologist. The course is taught by Fiona Mathieson and Elliot Bell, experienced senior clinical psychologists, who have been teaching the Otago University certificate level CBT course for several years.

Applications accepted from anywhere in New Zealand. Places are limited, so early application is recommended.

For more information please follow the links to our webpage at uow@otago.ac.nz or email Maria Fitzmaurice, course administrator maria.fitzmaurice@otago.ac.nz And request a copy of the application form & brochure today.

*Course Fees are fully funded by Te Pou.

NZCCP National Educational Coordinating Committee (NECC)

The National Educational Coordinating Committee 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. A clear distinction is kept between the function of this committee and the broader role of Branch Representatives, who continue to liaise with Council on matters of Policy and general Branch business. Please consult the College website for further information and links (<http://www.nzccp.co.nz/events/>)

TRAINING TIMETABLE

NZCCP Events

LOCATION	MONTH	PRESENTER/ CONTENT
Auckland	September 27-28	Eileen Britt/Motivational Interviewing Workshop
Tauranga	October 18-19	Eileen Britt/Motivational Interviewing Workshop
Hamilton	November 8-9	Eileen Britt/Motivational Interviewing Workshop
Hawkes Bay	November 22-23	Eileen Britt/Motivational Interviewing Workshop
Dunedin	November 29-30	Eileen Britt/Motivational Interviewing Workshop
Auckland	March 19 – 21, 2011	NZCCP National Conference
Auckland	September 27-28	Eileen Britt/Motivational Interviewing Workshop

NZCCP Branch Events

BRANCH	MONTH	PRESENTER / CONTENT
Wellington	September 27-28	Fiona Howard & Sue Cowie/Clinical Supervision Training
Wellington	October 29	Chris Skellett/Valuing Clinical Insights
Palmerston North	November 1	Chris Skellett/Valuing Clinical Insights
Canterbury	November 5 -7	Bruno Canyoun/Mindfulness Integrated CBT
Hamilton	December 3	Chris Skellett/Valuing Clinical Insights
Auckland	December 6	Chris Skellett/Valuing Clinical Insights

Other Events

LOCATION	MONTH	PRESENTER/ CONTENT
Auckland	September 30 – October 2	NZ Association of Counsellors & Australian Counselling Association joint conference
Sydney	October 23-24	ACPA inaugural conference
Auckland	November 19	Applied Ethics and Related Law for Health Professionals Study Day
Christchurch	March 17–20, 2011	36 th Annual Scientific Meeting of the NZ Pain Society

The Australian Clinical Psychology Association (ACPA) inaugural conference with The New Zealand College of Clinical Psychologists (NZCCP)

‘Working at depth: Navigating below the symptoms’

ACPA is delighted to present our inaugural conference in conjunction with the NZCCP to be held at Sydney University. Day 1 will focus on a range of clinical psychology practice areas with presentations by speakers from across Australia and New Zealand. The afternoon will end with the inaugural annual general meeting and a chance to meet with ACPA Members and the ACPA Board. The workshops on day 2 have been chosen to provide a range of therapeutic approaches to working at depth. We look forward to an exciting and stimulating conference that we believe represents some of the depth and breadth of clinical psychology in Australia and New Zealand.

PLEASE SAVE THE DATE – REGISTRATION AND FULL CONFERENCE PROGRAMME COMING SOON

Venue: University of Sydney

Date: 23 October 2010 9.30am to 5.00pm & 24 October 2010 10.00am to 4.00pm

Day 1: Five one-hour presentations

Total 5 PD hours

**Nigel Fairley, NZCCP President & Kuni Shepherd,
NZCCP College Kaumatua, New Zealand**

*Hei Timatatanga/New beginnings: Experiences from
across the ditch*

**Dr Allan Shafer MA (Clin Psych) D Litt et Phil
Clinical Psychologist & Socio-Analyst, Perth**
*Emotional engagement in the psychotherapy
relationship*

**Prof Richard A. Bryant, Scientia Professor & ARC
Laureate Fellow, School of Psychology,
University of New South Wales**
The Biology of PTSD: Implications for Therapy

**Prof Nicholas B. Allen, Professor, Psychological
Sciences and Orygen Youth Health Research Centre,
University of Melbourne**
Family processes in adolescent depression

Dr Chris Basten, Clinical Psychologist, Sydney
*Weighing things up: What are the real therapeutic
targets when treating eating disorders?*

Day 2: Four concurrent full-day workshops

5 Active PD hours per workshop

**Dr Robert Schweitzer, Clinical Psychologist,
School of Psychology and Counselling,
Queensland University of Technology**

*An introduction to working with the core conflictual
relationship method in supportive expressive
psychotherapy: an evidence-based approach*

**Dr Bruno Cayoun, Clinical Psychologist, Director,
The MiCBT Institute, Hobart**
*Mindfulness-Integrated CBT for Crisis Intervention and
Relapse Prevention*

**Assoc Prof Louise Sharpe, Director of Clinical
Research, School of Psychology,
The University of Sydney**
*Imagery rescripting and reprocessing for survivors of
childhood sexual abuse*

**Dr Stephen Arthey, Clinical Psychologist,
Private Practice, Victoria**
*“Working at Depth” with Intensive Short-Term Dynamic
Psychotherapy (ISTDP); The Case of the Violinist with
Paralysed Shoulders*

Conference fees*	<i>One day</i>	<i>Both days</i>
Members	\$180	\$300
Non-Members	\$230	\$395
Student Members	\$50	\$80
Student Non-Members	\$80	\$120

*Includes GST

Please visit us on www.acpa.org.au

Are pleased to offer the following workshop

MINDFULNESS-INTEGRATED COGNITIVE BEHAVIOUR THERAPY: AN INTRODUCTION FOR PROFESSIONALS

Dr Bruno A. Cayoun (PhD, Clinical Psychologist)

To be held:

**Copthorne Commodore Hotel ChCh, 449 Memorial Ave, Christchurch
Friday – Sunday, 5th - 7th November 2010, 9.00am – 5.00pm**

Description and Objectives: A decade of research has led to the recognition by clinical and research communities that integrating mindfulness training with cognitive and behavioural interventions may be a potent contribution to the treatment of a wide range of disorders. However, learning to integrate mindfulness with the core components of CBT skilfully is a complex and demanding process, primarily because the theoretical framework from which clinicians using mindfulness operate is often unclear or absent, and clients are often provided with ill-defined rationales for each skill to be developed. This professional workshop will provide a strong theoretical and practical basis for integrating mindfulness training in CBT. It will present the four stages of Mindfulness-integrated Cognitive Behaviour Therapy (MiCBT) - a sophisticated integration of mindfulness core principles and traditional CBT. Through a master class and case demonstration on video, it will demonstrate effective skills to facilitate the treatment of acute and chronic conditions across a range of disorders. The workshop will include experiential exercises to ground theory in one's personal experience. It is also be an opportunity to learn from the principal developer of MiCBT.

Course Content: The workshop will involve practical and experiential aspects, and will include: core skills in mindfulness practice; theoretical fundamentals of mindfulness approaches; a neuro-behavioural rationale for the integration of mindfulness and CBT; an expansion of our current understanding of operant conditioning; the four stages of MiCBT to address comorbidity; how to engage clients in the MiCBT treatment plan; mindfulness-based relapse prevention strategies.

Level: Beginner to intermediate. An understanding of cognitive and behaviour modification techniques is desirable but no prior knowledge or experience of mindfulness will be assumed.

Mindfulness Readings: If you would like to read mindfulness research articles, go to:
<http://www.mindfulness.net.au/publications.html>

Facilitator: Dr Bruno Cayoun is an author and researcher in mindfulness-based therapy and Director of the MiCBT Institute at the School of Psychology, University of Tasmania, and Clinical Psychologist in private practice in Hobart, Tasmania. He is the principal developer of Mindfulness-integrated Cognitive Behaviour Therapy and has been teaching this approach to mental health professionals internationally for the past 7 years. This integrative approach is used as a crisis intervention and relapse prevention method which is demonstrating advantages over traditional cognitive perspectives across a range of acute and chronic conditions. Bruno has practised mindfulness meditation and undergone intensive training in mindfulness centres in France, Nepal, India, and Australia for over 20 years. His current research includes the measurements of various mechanisms in mindfulness meditation and the effects of MiCBT on addiction, trauma and comorbidity. Bruno is the author of Mindfulness-integrated CBT: Principles and Practice, to be published by Wiley (UK). The book will be available in print in January 2011. He is also the developer of two questionnaires, the Short Progress Assessment and the Mindfulness-based Self Efficacy Scale, now translated in Portuguese and Dutch.

PLEASE COMPLETE REGISTRATION FORM OVER PAGE

REGISTRATION FORM

“MINDFULNESS-INTEGRATED COGNITIVE BEHAVIOUR THERAPY” WORKSHOP

First Name: Surname:

Institution / Organisation:

Position:

Postal Address:

.....

City: Postcode:

Telephone: Fax: Email:

Special Requirements (dietary / other)

PLEASE CIRCLE	Full Reg (Non-members)	NZCCP Members	Student Members*
	\$ 850 (GST incl)	\$ 700 (GST incl)	\$ 400 (GST incl)

N.B. The registration fee includes \$60 for materials (training manual and 2 CDs)

***Students:** Please provide confirmation eg fees receipt.

The registration fee includes morning tea, lunch and afternoon tea.

Closing Date for Registration: Friday 8th October 2010

Please send completed registration form to:

Lisa Andrews, C/- NZCCP Canterbury Branch, PO Box 24, KIRWEE 7543

Please make all cheques payable to: NZCCP Canterbury Branch

Internet Banking:

A/C No: BNZ 020800 0442296.00

Reference: Mindfulness Workshop

Please note: Registrations will only be accepted with payment attached or evidence of Internet transaction. Receipts will be provided. We are unable to invoice companies.

Queries to: lisa.andrews@otago.ac.nz

Receipts & acknowledgement of placement will be issued.

Cancellations:

Cancellations must be notified in writing. Cancellations received before Friday 15th October will receive an 80% refund. Only in exceptional circumstances will refunds be given after that date. Refunds will not be available until after the workshop. In the unlikely event the workshop is cancelled by the organisers, registration will be fully refunded. No liability will be accepted for travel, accommodation or other costs/expenses incurred to registrants.

Please keep a photocopy of this flier for your records.

Workshop numbers are limited so please book early to avoid disappointment.

NZCCP PO BOX 24088 WELLINGTON T: 04 801 6088 F: 04 801 6086 E: office@nzccp.co.nz W: www.nzccp.co.nz
SEPTEMBER 2010

Homespun Wisdom

Call for Papers and Posters

NZCCP 22st Annual Conference

19 - 20 March 2011, Quality Hotel Barrycourt, Parnell, Auckland

Submissions invited

We welcome submissions of oral presentations and posters on any topic relevant to clinical psychology for the NZCCP 2011 Annual Conference. Presentations reporting on research will be most welcome. Presentations from experienced clinicians that reflect on aspects of practice and therapeutic process will also be most welcome. Oral presentations will be of 15 minute duration (including question time). Posters will be available for viewing by attendees throughout the conference. Posters should be approximately 115cm wide and 85cm high.

Information About Submission of Abstracts for Papers and Posters

Deadline for Abstract Submission: 30 November 2010

Submit Abstracts to: Linda Hows at linda.hows@middlemore.co.nz

Please include the following information:

1. Name of the Communicating Author
2. E mail and postal address
3. Title of the Poster/Paper
4. Names of All Authors
5. A brief note of affiliation (eg, Dept of Psychology, University of Auckland) for the authors.
6. Abstract - maximum of 250 words.

Other information

Except for minor editing and formatting changes, sections 3-6 above will appear in the Conference Programme exactly as submitted.

Abstracts should have a maximum length of 250 words.

Please submit abstract in Microsoft Word.

All presenters are required to register for the conference.

At least one author of a poster is required to register for the conference.

Calling all students!!! Student Awards

NZCCP student members are invited to enter submissions for consideration for two student awards for Outstanding Student Presentations: The John Dugdale Award and the Olina Carter Award. These awards involve a cash prize. If you are a Student Member and wish your Paper/Poster considered for these awards please note this when you submit your abstract, and state the university programme with which you are a student.