



ShrinkRAP

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

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Ko te kai rapu, ko ia ka kite.

He or she who seeks, will find.

This is a great proverb in terms of people doing research, where it is acknowledged that knowledge is power.

President's word

The College Executive, Council and other members have as always been toiling away on behalf of College members and the profession as a whole. More details about this can be found below.

However I am delighted to announce by far the biggest gain for members in recent times. We are about to sign up to a six months trial agreement with EBSCO Publishing via whom all College members will have unlimited remote access to their online Psychology Research Database. Established in 1944, EBSCO is the world's leading information agent providing consultative services and cutting-edge technology for managing and accessing quality content, including print and e-journals, e-packages, research databases, e-books and more. EBSCO's Core Psychology Research Package contains Psychology & Behavioral Sciences Collection, MEDLINE with Full Text, and Mental Measurements Yearbooks with Tests in Print all of which are premier full text resources subscribed to by universities, hospitals, medical institutions and associations throughout the world. In addition to this every month their onsite training and implementation specialist hosts a series of online webinars for various EBSCO databases.

We are very excited about this new resource for members and have already had some very positive feedback from College Council members who've tried it out. Now we can't

wait for you all to try it out so please use it as much as want and give us lots of feedback as to how you're finding it. You will all receive an email with access instructions as soon as this is up and running,

Please note that as the contractor with EBSCO we would just like to remind you of the limitations which apply to the use of the database, specifically that permitted use by members is "personal, non-commercial", and that printouts etc can be created but then can only be used for "internal or personal use". In other words users may use information sourced from the database in their personal professional practices in the same way as if they sourced it from a "printed" medical library.

College News

We are delighted to acknowledge Ann Connell's appointment to the Psychologists Board with much acclaim and congratulations. Ann will now be resigning from her position as Honorary Secretary and we thank her heartily for her wonderful and sustained contribution to the College Executive and College Council in the last six years.

We also wish to welcome Elliot Bell onto the College Executive as the Honorary Secretary Elect. This is slightly earlier than originally planned but, as Ann's new role has slightly restricted her availability to represent the College in some instances, Elliot will ease

into his new role by attending meetings in her stead.

The College presented a letter to the DHB Psychology Leaders' meeting in September, suggesting and recommending that a range of continuing competence activities should be offered/funded for employees and that these are necessary for safe practice. The letter also highlighted the need for more than self directed passive learning, and should also include didactic and experiential learning.

We are very grateful to Elliot Bell who produced the submission to the Mental Health and Addiction Service Development Plan last month.

The College submitted a strongly worded submission emphasising that we are definitely not in agreement with self regulation for the simple reason that it compromises the protection of the public.

Thank you to Ian de Terte and Emma Sutich who both offered to be nominated for the Ministry of Justice Domestic Violence Programmes Approval Panel.

Lastly, Ann Connell, Deb Moore and Elliot Bell have sent feedback to the Ministry of Health on their initial policy work on transitions to practice for health workers.

Conference 2012 (joint)

The joint team had been working well together and all the keynote speakers have been confirmed including David Barlow (clinical), Alan Fruzzetti (clinical), Erana Cooper (clinical, bi-cultural), John Weinman (health), Pat Dudgeon (bi-cultural), Heather Gridley (community). Ian Evans has agreed to be the academic convenor. The theme is to be "**Tūtahitanga** – Standing Together as One" and the venue is the Wellington Convention Centre (Town Hall/Michael Fowler Centre). More information about the conference along with a call for submissions is included later in the newsletter.

Website

There are now a number of forums up and running with irregular posts occurring including

- *Family Court*
- *Private Practitioner*
- *Alcohol Law Review*

- *Neuropsychology Interest Group*
- *General Discussion (DSM V)*
- *Maori (private)*

For more information and instructions for joining these forums go to <http://www.nzccp.co.nz/forum/forum-access/>

NZCCP Membership News

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

Full Members of the College:

Milja Albers-Pearce, Palmerston North
Sarah Anticich, Australia
John Barclay, Wellington
Lisa Cherrington, Palmerston North
Anna Chesney, Christchurch
Clare Couch, Wellington
Sunil Dath, Auckland
Ruth Gammon, Wellington
Julia Gearhart, Dunedin
Annmaree Kingi, Canterbury
Amanda Lewthwaite, Dunedin
Nellie Lucas, Wellington
Cara McAlpine, Dunedin
Sarah Madigan, Dunedin
Anthony Morrison, Blenheim
Sharlene Murdoch, Wellington
James Pope, Hamilton
Robyn Salisbury, Palmerston North
Amanda Smith, Blenheim
Amy Smith, Auckland
Dean Stewart, Auckland
Malgosia Szukiel, Dunedin
Bronwyn Trewin, Canterbury
Joanna Vallance, Canterbury
Rachel Vaughan, New Plymouth

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

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

Esther Anderson, Auckland
Sarah Eve Harrow, Canterbury
Nick Mooney, Wellington
Margaret Roberts, Auckland
Amber Rowse, Christchurch
Matthew Weaver, Wellington
Tomoko Yamaguchi, Palmerston North

The National Executive wishes to congratulate these people on attaining their new membership status.

New Policy: Student members will be required to renew their membership

annually, in line with other NZCCP membership categories. Each renewal will include the provision each time of either a signature from the student's Clinical Programme Director or a copy of their course enrolment for the year.

College Awards

The inaugural **Susan Selway Memorial Scholarship** which has a total value of \$1200 per annum, and is distributed as four grants of \$300, has been awarded to Alison Alexander, Leigh Anderson, Sandra Fowler and Kirsty Freeman. Congratulations to those people.

Accolades for College Members

To resume the column to acknowledge and applaud the efforts and achievements of the many College members who have gone way beyond the call of duty, this month focusing on NZCCP founding member, Margaret McConnell.



On the day of the February earthquake Sonya received a cell phone call from Marg's daughter in Auckland. Sonya had taught drama to the daughter some years ago. Marg's daughter said to her that she was welcome to stay if she needed somewhere safe. Sonya's home in Redcliffs had been destroyed. Her mother who has dementia was also invited. They arrived to find Marg making a continuous batch of scones and toasties as Marg's daughter in Auckland rounded up others unknown to Marg and her husband. They drove all over Christchurch picking up these people and bringing them home to stay. 13 people camped at Marg's over the next few weeks while Marg herself generously provided meals, snacks and general good company as well as being

busy with support to others following the earthquake.

Psychology Professional Advisory Forum update

The Health Workforce NZ has revised their call for changes to the Regulatory Authority sector. Forced amalgamations are now off the table and an HRANZ working party is being established to explore alternative cost-saving measures (sharing of functions, consolidation of resources, possibly some voluntary amalgamations) and at how a shared dataset (not database) might be developed.

Des Gorman (HWNZ) has made it clear that he believes prescribing rights for psychologists are inevitable, and that he wants the Board to help identify and minimise any obstacles to practitioners taking them up. The Board will consider this further at their upcoming Board meeting. College members have been polarised on this issue in the past and so the College Executive will be looking at taking a sensible middle stand and producing a draft paper for limited prescribing rights.

Allied Health Practitioners Association Forum update

The Allied Health Practitioners Association Forum (AHPAF), of which the College is a member, is becoming more active. David St George from the Ministry of Health is now attending as a communication conduit.

AHPAF has made submissions regarding (amongst other things) the HWNZ Service Reviews and the DHB Mental Health and Addiction Service plan. AHPAF's election year strategy is now in full swing. Earlier this year we prepared a list of questions of importance to allied health, which we sent to the major political parties. We have received some answers and others are on the way. We have also continued our programme of meeting with politicians to discuss health policy directions and issues of concern to allied health. Our aim is to keep allied health practitioners informed of policy directions that affect our sector.

AHPAF Interdisciplinary Research Special Interest group

AHPAF is supporting the establishment of an online interdisciplinary research special

interest group. The key aims are to:

- Promote evidence based practice within the allied health professions
- Facilitate the sharing of information with interdisciplinary colleagues
- Provide mutual support
- Facilitate active involvement of the group members in relevant educational activities and opportunities
- Foster the development of this interest area of allied health practice

If you are interested in joining this online community of practice - please email: Ann Christie tanekaha24@orcon.net.nz

Ministry of Health Updates

Health Workforce NZ

Ann Connell attended the August 24 stakeholder forum - *Partnership and Potential: Towards a 2020 health and disability workforce*. Feedback from the day is that it was a good opportunity for sharing stories, networking, and developing and strengthening existing relationships across the sector. Participants also found the broad mix of attendees both refreshing and encouraging.

Some participants also commented that some aspects of the day were more challenging because of the breadth of some subject areas and the divergence of views across these areas. Arriving at an action plan that felt tangible and do-able in this context and in the short time available was difficult, though all groups made considerable progress.

The HWNZ Board has considered the proposal from the Psychologists Board for funding for Psychology Interns working in DHBs in October 2010. At the meeting the HWNZ Board agreed to defer decisions on the funding of Psychology Interns until the prioritisation framework for determining the purchasing of training was developed, and the findings and recommendations of the Mental Health Workforce Service Review are known. The prioritisation framework has now been developed and the report of the Mental Health Workforce Service Review finalised. Neither of these was available in time to consider the funding of Psychology Interns for the 2011/12 financial year.

HWNZ will re-visit the issue in preparing the 2012/13 Training Investment Plan, but will not be considering full funding of Intern positions (HWNZ does not fund salaries for

example). DHBs have a significant responsibility in this regard and over the coming months they will discuss the changed approach of DHBs to Psychology Intern places and explore potential future funding arrangements before making a final decision.

In regard to the prioritisation criteria, while the specialties are medical, the principles and categorisation of prioritisation apply. Psychology would rank highly given their focus on mental health.

The Ian Miller and Steve Osborne from the Psychologist Board have requested a meeting with Des Gorman and Brenda Wraight from HWNZ to discuss this further.

Mental Health Commission update

There have been some changes made and, as the Mental Health Commission is winding up, revenue has been cut and consequently the Commission's work has been prioritized to produce the new Blueprint.

This new Blueprint for mental health and addiction services, designed to provide the Minister with advice on sustainable investment for service improvements, is being aligned with the Mental Health Service Review and the latest HWNZ paper on prioritisation criteria, which at this point is focussed purely on medicine, but which will subsequently be applied to the investment in all training and wider workforce development.

There have been some positive changes to the primary sector and general practice access to mental health resources since the last Blueprint and that more publicly funded psychologists are available for those people who don't meet the acute thresholds set by the secondary services.

Of note is that the Commission will be completely disestablished and its core functions transferred to the Office of the Health and Disability Commissioner in June 2012.

National Health Committee Invitation for Referrals

This is a development led by Lynn Lane who is the last chairperson for the soon to be wound up Mental Health Commission. A concept paper will be released during October and feedback sought, followed by a consultation document in December, with the

process scheduled to be finalised in May 2012.

In the meantime the College plans to take a more active engagement with the National Health Committee whose role and influence could possibly gain traction. They are part of the Ministry of Health and appear to be taking an interest in programmes for delivery and treatment.

Family Court Review Paper

Kathy Orr

This can be found at <http://www.justice.govt.nz/publications/global-publications/f/family-court-review-public-consultation-paper/publication>

We have self-nominated as a team of three along with Caroline to coordinate the College response to the Family Court Review paper. The Review paper is complex and it addresses many points of the Family Court process. Overall the Review appears to be fiscally driven. The reported number of Applications to the Court has remained essentially static between 2004/05 and 2009 – 2010 while overall costs have increased by 63%. Legal aid is the biggest cost driver with a 92% increase; professional services have a 62% rise over the time; and judicial costs have risen by 49%.

We think there are a number of implications for the welfare of children.

Is the Family Court a therapeutic institution or one that functions like the rest of the Court system i.e. makes judgments and has clear and unequivocal rules?

There is no established baseline data, other than financial, that measures the efficacy of the current system before changes occur. What sort of data could this be?

The Review has 33 questions spread over 8 chapters that we can respond to. In addition many other areas are open to be commented on. We think that this is an important document that we have a responsibility as a group to address.

Our proposed time line:

31 October: Please submit any ideas or thoughts. Caroline has kindly disseminated all the information to date so if you have trouble please contact her and she will re-send the review and the summary of the questions.

Mid December: We hope to have an initial draft in circulation and to have identified gaps etc.

End January: Please have in final thoughts so we can do the final draft.

29 February 2012: Final date for submissions.

Contacts:

Please send ideas to:

Caroline: office@nzccp.org.nz

Jo Leech: baroda@xtra.co.nz

Deb Moore: deb.moore@xtra.co.nz

Kathy Orr: blanche@psychologist.co.nz

Or keep an eye on the forum which we will also use to update people or to seek feedback:

<http://www.nzccp.co.nz/forum/forum-access/>

ACC News

ACC meeting with the Psychological Society and the College.

Representatives from the NZPsS and the NZCCP met with Dr Kris Fernando, ACC National Psychology Adviser, in late July as part of the regular meetings scheduled through the year to discuss ACC issues

The Sector Liaison groups are in the process of being set up again, and there will probably be fewer in number but with high expectations of the expertise of the people in each of the groups. It is possible that working groups will develop out of the sector liaison groups to deal with specific issues. There has been no time frame given for the completion of this process.

There has been a series of sensitive claims "road shows" for counsellors focusing on the support sessions and clients returning to counselling. With regard to the support sessions, changes will be introduced on the 1st September 2011. More specific guidelines will be produced concerning the focus of the support sessions, a support sessions plan report will be requested after the first four sessions and then, after the next 8 sessions, a report will be required summarising the focus of the sessions and client progress and documenting whether the client wants to proceed towards a cover assessment or alternatively has chosen to withdraw. Four additional sessions will be approved irrespective of whether the client is moving towards a cover assessment or withdrawal. It was emphasised that the purpose of these 16 sessions is to support the client during the process leading up to the cover assessment and it ensures that their immediate needs

are being attended to. The support session guidelines and report forms will be placed on the ACC website by 1st September 2011

New processes and guidelines have also been developed for those clients returning to counselling. In most cases, no cover assessment will be required as the client already has cover for mental injury arising from sexual abuse. Four sessions will be provided while the counsellor assesses their therapeutic needs and develops a therapeutic plan with the client. Guidelines and the report forms for the Return to Counselling process are on the ACC website.

Communication and other Association member issues

ACC apologized for the very short notice given for the first of the recent "roadshows" on the sensitive claims process, in particular for Dunedin/Otago practitioners. Information packs will be sent to all those people who've requested them. There are more "roadshows" planned at approximately 4 monthly intervals or as needed and there will be more notice given for these.

ACC has become aware of problems some providers have been experiencing with payments and is currently addressing these.

Contract holders can apply for psychologists to be added to their contracts as named providers. Referrals and communication will always be between ACC and the contract holder rather than the named providers. If named providers want to receive referrals directly, it was recommended that they make an application to obtain individual contracts. This is beneficial in terms of liaising directly with ACC via referrals and additionally they will receive the full payment for their work. Branch Advisory Psychologists often know about the specific expertise of named providers so often referrals to the contract holder will request the services of a particular named provider

Providers have indicated that there are still some lengthy delays in approvals/extensions of programmes causing clients distress and disrupted treatment. Kris noted that this was a legitimate concern and that this can happen for a variety of reasons such as Claims Management Staff delaying referrals to BAPs and when BAPs are faced with a long list of tasks. This has been discussed with BAPs and some potential solutions have been identified. It is also helpful if providers request additional sessions as soon as they

anticipate that they will be required. Kris also suggested that people should email Case Managers/Branch Advisory Psychologists when there are delays in approving additional sessions. The format for emails is firstname.surname@acc.co.nz. Email contact is often more efficient than attempting phone contact.

It appears that on occasion a medical practitioner can make a specific request for a client of theirs to be seen by a specific registered psychologist who can then be paid by ACC and that there are some who are not officially registered with ACC but still have some clients paid for by ACC. There is a concern about duty of care issues with ACC especially for those clients who are then legitimately referred to ACC for paid treatment. Kris recommended that these practitioners should apply for registration with ACC as a provider as this not only simplifies the process but also because ACC is very reluctant to use non-contracted providers. Kris added that many Sensitive Claims providers had chosen to withdraw their services with the introduction of the October 2009 pathway but that some are now choosing to work again with ACC due to changes being made. She also noted that if providers have chosen to de-register as a result of the 2009 Pathway, they could be reconsidered for registration without going through the whole registration process again. The recent roadshows with counsellors has indicated that many felt disempowered and treated disrespectfully with the changes introduced in the 2009 Pathway. Re-building the trust of providers is a priority for ACC but is taking some time which is to be expected.

Sensitive Claims:

There was a query about the insistence on a single 'causative' link and the risk that a more comprehensive formulation is dismissed, and how this appears to be used to divest ACC of any ongoing responsibility for a client's care. The legislation requires that sexual abuse is **A** rather than **THE** substantial cause of mental injury. This means that there may be a multitude of factors contributing to the client's mental injury but that the claim can be accepted if the assessor considers that there is evidence which indicates that the sexual abuse is a substantial cause of the mental injury and provides a rationale for this opinion. Kris suggested that assessors and ACC clinicians are advised to take a commonsense approach when considering causation.

Feedback continues to suggest that ACC are working hard NOT to accept claims for sexual abuse, particularly historical. One practitioner noted that IARTS requested are almost all related to people who have pressed charges with the police and even where depositions are pending. Kris emphasised that this is not the policy within ACC and that Case Managers and clinicians are required to treat each claim fairly within the existing legislation. Providers should email Kris to discuss cases where there is the perception that cover has been unfairly denied. She pointed out that as support sessions are being provided hopefully clients will feel that they are better supported through the cover assessment process and more likely to persevere with ACC. ACC is working hard to ensure that the process is client-centred and safe.

It was noted that the IART form **will** be changed but there was no time frame given. ACC is currently looking at the form to see whether some interim changes can be made. The DATA contract will change within approximately six months which is in response to provider feedback and this will necessitate the development of new forms.

A suggestion was made that assessors should set quite broad goals on the IART, leaving the eventual clinician and the client to work out how best to work together and refine priorities. It was agreed that that this is indeed the most sensible approach and will be used in the future. ACC is taking provider feedback on board and making changes to the Sensitive Claims process. However, it is important that changes are implemented carefully which does take some time.

Lastly, as a progress note to the last meeting there are now three to four providers working in the child and adolescent area who have been approved for Psychological Services even though they are under the General rather than Clinical scope. This is because they have appropriate qualifications and experience in working with children and adolescents and this is an area where ACC is short of experienced providers. ACC will be providing more comprehensive feedback to new providers as providers often want to know whether the assessments and reports they are doing are consistent with ACC expectations. ACC is endeavoring to establish collaborative and positive relationships with providers. If providers have questions concerning assessments and therapeutic

intervention, they should contact either Kris or their local BAP for advice.

Summary from the SCAG meeting with ACC, 20 September

Catherine Gallagher

ACC is attempting to streamline the assessment contracts process and bring them all under one single contract. This contract will be aimed at those providing Mental Injury assessments for sensitive claims, work related mental injury, and mental injury as a result of physical injury. There will be different criteria for who will be able provide different types of assessment. This is being done with the hope of introducing some consistency around administering the contracts, allowing for stronger guidelines for what is expected, and to enable better support and training for assessors. This will be a new contract and anyone who is interested can register on www.gets.govt.nz for more information. Individuals as well as organisations with named providers may be able to get contracts.

The above changes will take some time and so ACC has decided to make some immediate changes to the IART process...and by immediate, I mean they will be coming soon!!!! These include:

1. Allowing for alternatives to the DSM-IV around the issue of establishing a mental injury.
2. A change in reporting requirements surrounding the 16 support sessions to enable better communication between the assessor and the therapy provider.
3. To further aid this communication and increase the client's level of support during the assessment process, the counsellor will be funded to attend the assessment. The details of this can be negotiated.
4. ACC is keen to begin provide for a more effective debrief process after the assessment. How exactly this would work has not yet been finalised, however ideas included a funded session for the assessor to meet with (or have a phone call with) the client, and also potentially with the provider. The timing of when the report is sent in, in relation to this feedback was also discussed.

5. No longer will the assessor set goals for the providers. Instead they will provide general problem areas and ideas around what needs intervention. The details around how this will be done will be completed via a therapeutic assessment report completed by the therapy provider.

ACC is looking at how it initially registers providers. Here are some of their thoughts:

1. Partner with training institutes to look at what is being provided and how to increase sexual abuse related training as well as information on the realities of working for ACC.
2. Re-evaluate the entry criteria for providers and look at specific scopes of practice for children and Maori.
3. Streamline the application process, making it more practice and competence based.
4. Involve a wider representation of provider groups in the approval process.
5. Introduce a credentialing process to help ensure ongoing competence. ACC is planning to talk with CYFs, health, justice, MSD, and various professional bodies to get ideas around how best to do this and how to avoid 'double up'.
6. Have an active orientation to ACC process for old and new providers to keep people up to date is how to work best alongside this organisation.

OF NOTE: ACC was open in acknowledging that in its attempts to 'get it right', they are taking time to introduce these ideas. The current risk is that in taking this time, providers and clients are experiencing some different responses and this is leading to some confusion. ACC's response is to say....LET US KNOW YOUR QUESTIONS!!! They are attempting to collate some FAQ's and to let providers know what they need to do. So my advice is **Be a squeaky wheel!!!** For example I had a recent experience of comments from the triage psychology team being at odds with the direction that ACC is moving in and in bringing this to ACC's attention this was able to be clarified and some work is now being done around what

criteria assessment reports are being evaluated against.

Please let me via the NZCCP office (aka Caroline) if anyone is experiencing similar issues, or if I can help in taking any issues through to the SCAG forum.

HPDT hearing against Psychologist James Ross (Blenheim)

In Wellington in April 2009 the HPDT heard charges brought by a PCC against Mr James Ross alleging that he had acted in a manner which amounted to professional misconduct. The PCC had investigated a complaint against Mr Ross by a former client, Mr N, and his partner, Ms H. Mr N had consulted Mr Ross seeking assistance for difficulties which included depression, issues of trust, suicidal tendencies, and some issues arising from his partner's choice of work (the nature of which is suppressed by order of the Tribunal). The complainants alleged that during the course of the therapeutic relationship between Mr Ross and Mr N, Mr Ross arranged to see Ms H without Mr N's knowledge or consent. It was alleged that during this meeting Mr Ross conducted himself in inappropriate ways including informing the partner that the complainant had been sexually abused as a child, asking about the sex life of the couple, asking Ms H about her work, that he touched the complainant in a sexual manner, communicated to her that he was sexually attracted to her, offered to pay her (whether for sexual services or otherwise), indicated that he wanted to take her out for a drink, and invited her to see him privately at his residence. Ms H stated to the Tribunal that Mr Ross had phoned to speak with Mr N who was not home at the time. In the conversation between herself and Mr Ross that ensued, Mr Ross persuaded her to meet with him, saying that it would be helpful to Mr N. Ms H said that during the hour-long appointment she became very uncomfortable about Mr Ross' questions about the couple's sexual relationship and her work. She described Mr Ross moving his chair very close to hers and eventually touching her face and thighs, then hugging her as she tried to leave. Ms H alleged that as she left Mr Ross tried to arrange to see her again.

The Tribunal called an expert witness to comment on the treatment offered by Mr Ross to Mr N. The witness stated that a

"reasonable psychologist" would be expected to discuss confidentiality at the start of the professional relationship and any constraints to that. The witness said the potential for multiple and overlapping relationships was particularly important in a small community and such issues needed careful attention at all stages of the professional relationship. Prior to meeting with a partner of a client, permission should be sought from the client and the scope of such a meeting and the extent of any disclosure that may arise clarified. This consent process should be recorded fully in the client's notes. The referral of Mr N to Mr Ross was for individual work. Any move from individual work to couple counselling or involvement of a partner would need to be handled with special sensitivity and care, given that Mr N was known to have a history of abuse and issues of trust in relationships. Without explicit consent from Mr N, the meeting that Mr Ross called with Ms H and the disclosures made in that meeting of Mr N's private information was a breach of confidence. The meeting between Ms H and Mr Ross should be governed by the usual expectations of the psychologist-client relationship. The alleged conduct of Mr Ross breached these boundaries. Mr Ross had acknowledged asking Ms H about her work but the witness could see no legitimate reason for enquiring about this. The alleged sexually provocative and seductive behaviour, if proven, was "totally inappropriate and a clear breach of boundaries". Mr Ross' alleged conduct with Ms H failed to give due regard to Mr N's interests. The witness also commented on the very poor standard of Mr Ross' record keeping.

Mr Ross disputed the credibility of the complainants. The Tribunal nonetheless found it proven that Mr Ross:

- Did phone the complainant Ms H without the consent of his client Mr N.
- Did arrange to meet with Ms H on her own without Mr N being present and without the consent of Mr N.
- Did meet with Ms H and did discuss personal matters relating to Mr N without his consent.
- Persuaded Ms H to meet with him for purposes which were not consented to by Mr N and not professionally appropriate within the therapeutic relationship with Mr N.
- Asked Ms H about her sex life with Mr N and about her work.
- Communicated with Ms H in a way that gave the impression of him having a sexual attraction for her.
- Communicated with Ms H that he wished to take her out for a drink.
- Invited Ms H to see him privately at his residence.

The Tribunal did not find proven to the required standard the particulars that Mr Ross:

- Informed Ms H that Mr N had been sexually abused as a child.
- Touched Ms H in a sexual manner.
- Communicated to Ms H that he wished to pay her, whether for sexual services or otherwise.

The Tribunal found that Mr Ross was guilty of professional misconduct, that his conduct was likely to bring discredit to the psychology profession, and that the imposition of penalties was warranted. In determining the penalties to be imposed, the Tribunal considered the submission from the PCC that the respondent's conduct was consistent with there being ongoing risk to the public, that he showed no remorse and no insight, behaved in a way that was not consistent with being a reflective and responsible professional, did not show insight into the clinical standard pertaining to informed consent, failed to show insight into the inappropriateness of his questioning Ms H about her business and demonstrated his ongoing disregard for the vulnerability of his client by attacking him in his own defence. The PCC raised the possibility that the Tribunal may have serious concerns about the likelihood of rehabilitation, given the lack of insight, judgement, responsibility and remorse shown by Mr Ross. The PCC also submitted there is a need to communicate clear guidance to the profession about the inappropriateness of not obtaining express consent when discussing a vulnerable patient with somebody else, the inappropriateness of breaching trust by meeting with a third party without gaining consent, and the inappropriateness of blurring social contact with professional contact. Mr Ross submitted that the Tribunal should take into account his potential for rehabilitation; that the PCC has not established that harm was done to the complainants; that the proceedings were very drawn out through no fault of his own; and that the drawn out circumstances had detrimental effects on his health, his personal relationship, and have caused him to lose a significant amount of income. He submitted

that an appropriate punishment may be that he practise in a supervised setting with ongoing assessment of his ability to practise in a less supervised setting.

The Tribunal imposed the following penalties on Mr Ross:

1. That he be suspended for 6 months. In order to recommence practice at the end of his suspension he must:
 - a) prepare a Self Reflective Review and a continuing competency plan, and
 - b) provide an opinion from a clinical psychologist that he is clinically fit and safe to practise.
2. If the above conditions are met and Mr Ross is to resume practice, then he may only practise with the following conditions, applicable for two years:
 - a) he must undergo counselling at his own cost with a Clinical Psychologist approved by the Board.
 - b) The counselling is to cover issues of substance abuse, mental health issues, and any other issues determined by the Board.
 - c) The Clinical Psychologist is to report to the Board every 3 months during the first year and every four months of the second year about Mr Ross' progress on specified issues.
3. If the conditions under No 1 are met, and Mr Ross resumes practice, then for a period of three years he may only practise as a psychologist with the following further conditions:
 - a) he is not to provide supervision to others.
 - b) he is not to teach the topics of psychology.
 - c) he must only practise in a professional setting with

other clinicians and support staff, such as a group private practice or a mental health service. He must only see clients in this setting and not in their homes or in his own home.

- d) he must only see clients with mild adjustment or mental health issues.
- e) he must not knowingly treat patients with personality disorders or serious mental health problems.
- f) he must inform any employer with whom he obtains employment during this 3 year period of the outcome of this hearing regarding the charge.

4. Mr Ross is censured.
5. The Tribunal did not impose a fine but ordered that Mr Ross should pay \$20,000 towards the costs of the PCC and Tribunal hearing. (Note: This debt remains unpaid to date, despite the Board's continuing efforts to establish a payment plan.)
6. Although Mr Ross made application for name suppression, this was not upheld. The names of the complainants and any identifying details are permanently suppressed.
7. A notice of the Tribunal's decision is to be published in the Board's Annual Report, the College of Clinical Psychologist publication "ShrinkRAP", and the New Zealand Psychological Societies newsletter "Connections".

Mr Ross initiated but later discontinued an appeal of the HPDT's decision.

NZCCP is delighted to announce a wonderful professional development opportunity:

**WORKING WITH MINDFULNESS AND EMOTION: CULTIVATING
EMOTIONAL BALANCE?**

**A TWO DAY WORKSHOP WITH DR JAMES HEGARTY
FREE TO NZCCP MEMBERS**

IN THIS WORKSHOP, DR HEGARTY WILL COVER THREE BROAD AREAS:

**1. THE NATURE OF EMOTIONS AND HOW THEY CAN IMPACT ON OUR
WELLBEING; 2. THE COMPLEXITY OF MINDFULNESS; AND 3. THE USE
OF MINDFULNESS FOR WORKING WITH EMOTIONS IN THERAPY. BOTH
DIDACTIC AND EXPERIENTIAL COMPONENTS WILL BE USED IN THE
WORKSHOP.**

Tauranga	15 & 16 November
Hawkes Bay	17 & 18 November
New Plymouth	19 & 20 March 2012 (TO BE CONFIRMED)

REGISTER ONLINE

[download more information and the registration form here](#)

CLASSIFIED

WELLINGTON PSYCHOLOGICAL ASSOCIATES
Clinical Psychologist – Adults

Sadly we are saying goodbye to one of our valued clinicians and therefore need another experienced clinical psychologist to work in the adult mental health area. There is scope to develop areas of interest as well as responding to general referrals.

If you have an interest in working in an established private practice, two to three days a week, and have at least five years' clinical experience, please contact Vicki or Shirley on 472-0710.



The New Zealand
Psychological Society

Te Rōpū Mātai Hinengaro o Aotearoa



**TŪTAHITANGA
STANDING
TOGETHER
AS ONE
WELLINGTON**



NZCCP
The New Zealand College
of Clinical Psychologists
Te Whare Wānanga o te Mātauranga Hinengaro

NZPsS and NZCCP joint conference 20-23 April 2012, Wellington

The Keynote Speakers



David H. Barlow was formerly Professor of Psychiatry at the University of Mississippi Medical Center and Professor of Psychiatry and Psychology at Brown University. He was also Distinguished Professor in the Department of Psychology at the University at Albany, State University of New York. Currently, he is Professor of Psychology and Psychiatry, and Founder and Director Emeritus of the Center for Anxiety and Related Disorders at Boston University.

He has published over 500 articles and chapters as well as over 60 books and clinical manuals, mostly in the area of emotional disorders and clinical research methodology. The book and manuals have been translated in over 20 languages, including Arabic, Chinese, Hindi, and Russian.

Keynote address: ***Science and Practice in 2012 and Beyond***

Workshop: ***Unified Protocol for Transdiagnostic Treatment of Emotional Disorders***



Pat Dudgeon is from Bardi people of the Kimberley. She is a psychologist and is known for her role in Indigenous higher education. She is well known in her role as Head of the Centre for Aboriginal Studies at Curtin University, having worked there from

1990 and led the organization through significant growth and change. Amongst many projects, grants and awards achieved during her time as Head, of significance was the Curtin Indigenous Research Centre (CIRC), established in 1997. As well as leadership in Indigenous higher education, Pat Dudgeon has also had significant involvement in psychology and Indigenous issues for many years. Pat Dudgeon is actively involved with the Aboriginal community and has a commitment to social justice for Indigenous people. She has publications in the areas of psychology, education and women's issues. Currently, she is a research fellow and an associate professor at the University of Western Australia.



Alan E. Fruzzetti, Ph.D., is associate professor of psychology and director of the Dialectical Behavior Therapy and Research Program at the University of Nevada, Reno. He provides extensive training, supervision, and

consultation for DBT treatment programs and DBT research in the United States and abroad. Fruzzetti is also research director and member of the board of directors of the National Educational Alliance for Borderline Personality Disorder and a codeveloper of the Family Connections Program. He has provided extensive DBT training in the United States, Europe, and Australia. He has authored or coauthored dozens of scholarly articles and book chapters on this and related topics.

Keynote address: ***Process of Change in Dialectical Behaviour Therapy***



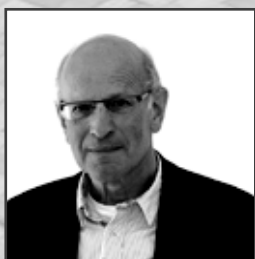
Heather Gridley coordinates the Applied Psychology Masters at Victoria University. Her interest in community psychology stemmed from her work in community health, where she became aware of the limitations of interventions directed solely

at individuals. Heather's teaching, research and practice are based on feminist principles, and in 1995 she received the Australian Psychological Society's (APS) Elaine Dignan Award for significant contributions concerning women and psychology. Heather's areas of specialist knowledge include community psychology, women's health, women-sensitive medical practice; women & depression; professional ethics; family violence; psychology and social justice. She is currently involved in collaborative, community-based research projects on the promotion of wellness at individual, relational and community levels within the western metropolitan region of Melbourne, on women's workplace wellbeing, and on evidence-based practice in community health counselling.



Erana Cooper is a clinical psychologist and lecturer in Kaupapa Māori Psychology at The University of Auckland. Her tribal links are to Ngāti Hine and Ngāpuhi in the North of Aotearoa NZ. Her

experience spans the areas of academic, research and professional practice, and she is passionate about advancing Māori development and initiatives. Whānau mental health and wellbeing, child maltreatment and family violence, and clinical neuropsychology and neurorehabilitation with Māori are key areas of research and clinical interest. Erana was a Health Research Council Clinical Research Training Fellow while carrying out her doctoral research on intervention practices in whānau violence. She is an active member of the National Standing Committee on Bicultural Issues (NSCBI) of the New Zealand Psychological Society, and also co-ordinates the Tāmaki Makaurau Māori Clinical Psychologists Network.



John Weinman is Professor of Psychology as applied to Medicine at the Institute of Psychiatry, King's College London. In his research he has investigated the influence of psychological process on health, illness and health care delivery. The main focus of this has been on the ways in which patients' beliefs about their illness and treatment affect self-regulation and self-management across a wide range of major physical health problems. This work has also resulted in the development of a number of widely used measures and cognitively-based interventions, which have been shown to be effective in improving adherence to treatment, recovery and quality of life.

He also teaches undergraduate and postgraduate medical and psychology students, and is the author of a large number of books and papers in peer review journals. He has been instrumental in developing Health Psychology as a discipline and a profession within the UK and Europe, and was the founding editor of *Psychology & Health*: an international journal. He currently holds visiting professorships in Denmark and Ireland, and was recently awarded a lifetime achievement award and an Honorary Fellowship by the British Psychological Society. He is a Fellow of the European Psychological Society, the American Academy of Behavioral Medicine Research, and the Academy of Social Sciences.



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For more information about this conference and the keynote speakers please contact

Heike Albrecht at the New Zealand Psychological Society: phone 04 9141983, email pd@psychology.org.nz, www.psychology.org.nz/conf2012 and Caroline Greig at the New Zealand College of Clinical Psychologists: phone 04 8016088, email office@nzccp.co.nz, www.nzccp.co.nz



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Te Whare Wānanga o te Mātauranga Hinengaro



The Joint Conference of the
New Zealand Psychological Society and the
New Zealand College of Clinical Psychologists
Wellington Convention Centre
20-23 April 2012, Wellington

Call for Submissions

Submissions are invited for presentations at the 2012
Conference.

Closing date 1st of February 2012

International submissions can be reviewed earlier.

Submission guidelines and formats will be published shortly.

For more information contact Caroline Greig at NZCCP,
phone: 04 8016088 email: office@nzccp.org.nz or Heike Albrecht
at NZPsS, phone: 04 9141983 email: pd@psychology.org.nz.

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	31 Oct-1 Nov	James Hegarty/Mindfulness and Emotion Workshop
Hamilton	2-3 November	James Hegarty/Mindfulness and Emotion Workshop
Dunedin	4 November	Virginia McIntosh/Eating Disorders Workshop
Canterbury	15 November	Clive Banks/Bicultural Psychology Practice Workshop
Tauranga	15-16 November	James Hegarty/Mindfulness and Emotion Workshop
Hawkes Bay	17-18 November	James Hegarty/Mindfulness and Emotion Workshop
New Plymouth	19-20 March 2012	James Hegarty/Mindfulness and Emotion Workshop
Wellington	20-23 April 2012	NZCCP/NZPsS Joint National Conference

Other Events

LOCATION	MONTH	PRESENTER/ CONTENT
Cambridge	4 & 5 November	Mindfulness CBT Therapy and Training/ Understanding ACT Workshops
Wellington	18 November	AnzaCBT/Cognitive Behavioural Therapies Conference 2011
Auckland	18.19 November	Working with issues of Sexuality and Intimacy