



ShrinkRAP

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

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

Makariri piri noa

Cold which does not pierce is not worth a piece of complaint

College News

Membership benefits

The full range of excellent benefits available to College members can be [downloaded via this link](#). A few of these resources which members find particularly useful are as follows:

Access to excellent Indemnity Insurance

Members of the College are eligible for membership of the Medical Protection Society, which provides inexpensive professional indemnity including access to legal advice and representation in the event of a hearing. Even working for organisations such as District Health Boards does not mean that you are protected in the event of malpractice complaints. MPS provides enduring coverage for events that happened in the entire time you paid MPS fees. This means that you will be entitled to representation in the case of a retroactive complaint even if this arises many years after your retirement. Even more importantly, there is no upper limit on the financial assistance available and there is no excess to be borne by you. Student members of the NZCCP are entitled to be covered by the MPS scheme at no cost.

Access to free confidential counselling

service. The Medical Protection Society also facilitates a free EAP style counselling service for members who may be having difficulties or issues in their personal or professional lives, that can't be addressed during supervision sessions.

Access to free online psychology

database. The EBSCO Publishing online Psychology Research Database is now available free to all College members. This provides unlimited remote access to their Core Psychology Research Package containing Psychology & Behavioral Sciences Collection, MEDLINE with Full Text, and Mental Measurements Yearbooks with Tests in Print.

Active support for students. During the period of clinical training, membership with NZCCP is free and you receive both publications. Prizes are awarded for student presentations at conference and some of the local branches support students from their area to attend the NZCCP Annual Conference. The College also has annual student awards. Students have access to College education events at reduced or no cost. The College provides a [mentoring program](#) for students and new clinicians, and a [list of resources](#) that have been recommended by NZCCP members is available on the website. NZCCP student members are encouraged to and remunerated for submitting articles for the Journal NZCCP.

Reduced rate for new Associates.

Associate members have a reduced fee for up to two years or until they achieve full membership status with NZCCP. More importantly, NZCCP student members who apply for Associate membership as soon as

they have been registered in the clinical scope are given free membership until the end of the financial year (30 June) and then a 50% discount on the Associate membership fee for the next financial period.

Associations Matter Survey

Thank you very much to those of you who responded to the Associations Matter: 2013 State of the Sector Study which was open to all Australian and New Zealand professional associations. This particular study was designed for members of professional associations, whose primary focus is in offering services such as education and training, knowledge sharing, networking and advocacy on behalf of individuals.

The final analysis was based on 7,749 responses, received from a distribution of 48,129 surveys. This very large sample size results in a 99% survey confidence that the sample represents the population of professional association members in Australasia, with a reliability of plus or minus 2% around the results.

The College received 153 responses from a distribution of 847, which is a response rate of 18.1%, slightly higher than the overall average of 16.2%.

We are absolutely delighted to report that NZCCP was one of the Top 5 performing associations in this Study and even better, the 2nd highest performer across both Satisfaction and Engagement Scores. This is an excellent result!

A summary of the overall findings is available at <http://www.surveymatters.com.au/associations-matter-study>. Once again, thank you for participating!

Editorial Apology

The newsletter editor apologises for some misinformation printed in the ShrinkRAP Summer 2012 issue, in relation to the paragraph entitled "Submissions". The last paragraph of this item should read:

The rationale for this is that psychologists have a formally legislated role (at times) equivalent to medical practitioners related to the assessment of and statements about impairment and fitness from a mental health perspective.

NZCCP Membership News

At the National Executive meetings since the Autumn ShrinkRAP was sent out, the following people have been approved and accepted as

Full Members of the College:

Johannah Betman, Nelson
Gabrielle Couch, Auckland
Shaystah Dean, Wellington
Ron Dick, Waikato
Kristal Foster, Waikato
Alexandra Hayns, Auckland
Laura Howard, Palmerston North
Michelle Lawton, Dunedin
Ben McEachen, Dunedin
Roslyn Munro, Auckland
Susan Page, Auckland
Rebecca Scheibmair, Auckland
Abigail Simmons, Wellington
Frances Williams, Wellington
Octavia Wilson, Christchurch
Stephen Wolfson, Northland

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

The following people have been approved as

Associate Members of the College:

Meredith Blampied, Christchurch
Lynette Foster, Wellington
Nicole Foster, Kaitia
Rachel Harrison, Canterbury
Stephanie Kennerley
Jane Marshall, Wellington
Elise Martyn, Dunedin
Natasha Pomeroy, Wellington
Mairin Taylor, Christchurch
Lance Thompson, Christchurch

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

Update on prescribing rights for clinical psychologists

The latest draft of the proposal for consultation had been reviewed by Wellington region HWNZ training hub director, Sue Walbran, who had earlier been involved with the Pharmacy Council's application for prescribing rights. Sue noted that an A-Z schedule of medicines should be included. The College met to discuss this

with people from HWNZ and the Ministry of Health and they instead undertook to conduct a Ministry wide consultation as the next step with feedback by mid-September. They also noted that they realised there was a need to develop a formal process for application for prescribing rights. Since then there has been a message from MoH that this process would be developed first before any further consultation on the NZCCP proposal is conducted.

Health Workforce NZ Psychology Internships update

Ruth Anderson from Health Workforce NZ (HWNZ) has indicated that they would welcome suggestions as to how to develop these and some suggestions have been collated from comments and feedback from a small working group, which includes Malcolm Johnson and Carrie Barber, and sent to HWNZ. In addition a more detailed proposal has been put together primarily on behalf of the DHB Psychology Leadership Council suggesting potential solutions for the issues involved, and which will be sent to HWNZ at the end of August.

Student allowance cuts

Wendy Kelly & Joshua Faulkner

In 2012 the current government introduced restrictions to the availability of the student allowance. The student allowance is part of the student loan scheme, but students receive slightly more weekly and do not have to pay back this subsidy. The recent changes have meant that the student allowance is now no longer available to postgraduate students (except Bachelor degrees with honours). These changes have been met with growing concern over the impact it will have for clinical psychology students throughout New Zealand. Such concerns have recently been addressed by a survey designed to quantify the extent of this impact. The survey was designed in conjunct with NZCCP (Caroline Greig), the Psychological Society (Dr Pamela Hyde) and Victoria University (Wendy Kelly). 132 postgraduate students throughout New Zealand completed the survey.

Students reported that having a student allowance would have assisted them by providing more time to study (54%), reduce financial stress (36%), covering living

expenses (36%) and minimizing financial debt (32%). In regards to paid employment many of the students reported being unable partake in paid work during their post-graduate studies. This is due to the number of hours required to complete their course or restrictions made by their course on the amount of paid work they were allowed to do. 70% of the students reported their course had recommendations for the amount of paid work a student should do and 53% said their course had a restriction on the amount of work. Of these students, 20% were not permitted to do paid work while completing their course and for 31% it was recommended that they do not partake in paid work. 27% were recommended to work less than 8 hours per week and only 15% were able to work 9-20 hours weekly.

Furthermore, the ability of students to undertake paid work was also highlighted by the demands of their studies. Students expected to spend an average of 32 hours per week engaged on an intern placement with a maximum of 40 hours (84% of the students were on a course that required an internship). Additionally, students worked an average of 5 extra hours per week, with a maximum of 12, and spent an average of 4.6 extra hours in class. Only 12% of the students on internship had any capacity to do paid work outside of it and only 25% would do more work if it were available.

Students had a range of ways to fund their study with half working or doing a paid internship (approximately half of clinical students who answered the survey had a paid internship). 37% were relying on student loan, 15% on family support, 15% on savings and 14% on a scholarship. Changes students had to make included reducing living costs such as heating, food and transport (27%), looking for more paid work (24%), cutting out social and volunteering commitments (15%), increasing debt (14%) and moving to cheaper accommodation or back home with parents. 14% reported having to give up their studies.

A review of the general comments made by psychology students throughout New Zealand resulted in the emergence of eight key themes. These are listed below and supplemented with quotes from anonymous students.

Financial Debt: "[having student allowance] would have allowed me to manage my bills and rent without incurring additional debt or taking additional work beyond the recommended hours to meet my living costs."

Changes to basic living: "My student loan living costs are not as much as a student allowance and we are going to have to get rid of home phone and internet to make some room for food costs – this is not a good situation for a doctoral student – I need home access to information."

"I have given up most leisure activities as they cost money – for example one cannot join their friend's birthday dinner or drive the car unnecessarily."

"I have had to return back home to live with my parents who are over 65 and should not really still have to support me."

Financial stress: "[having a student allowance] would have allowed me to focus more on my studies (by not having to worry about part time work so much), it would also have reduced my stress in regards to money, I am constantly worried about money and find it difficult to do many basic things."

"I encourage the people who implemented these changes to try living on \$170 while working 60+ hours a week."

"At the moment I am borrowing the maximum I can and still my outgoings exceed my income."

Study sacrificed for additional paid work: "I have had to take on multiple short-term paid jobs instead of focusing on my studies."

"Half my class comes to school with blurry eyes because they only way to remain in the course is to work extra hours and then study into the early hours of the morning."

Concerns that changes will impact the profession: "there is a high need for qualified clinical psychologists. If as a country we want to have our needs met, we need to support our students to make it through this programme. Otherwise we end up short in qualified workforce and depend on professional trained overseas."

"It discourages honest, hardworking people from completing postgraduate degrees in areas New Zealand desperately needs trained workers in."

"As a society, it is important that jobs such as clinical psychologists are done by those best suited, rather than those who can afford it."

Frustration that changes occurred with no notice: "I think at an absolute minimum, the people already enrolled in postgraduate courses at the time of the changes should have continued to receive the student allowance the student allowance until the end of their course, as planning how you are going to manage financially while studying is part of the decision whether or not you will study in the first place

Student loan doesn't cover weekly living costs: "The student loan is far less than the allowance and if they want people not to complain they should increase the amount you can borrow weekly."

"My student loan living costs are not as much as a student allowance."

Concerns over ability to stay in postgraduate Psychology Programme:

"there is a strong likelihood that in my final year of study, where I cannot work, I am not going to be able to support myself financially. Currently I pay \$190 per week just on rent. The weekly living cost from the student loan is \$173 which doesn't even cover my rent, let alone my essential expenditure. I quite frankly do not know what is going to happen in this year. It may mean I have to drop out of the programme."

This survey has clearly highlighted the impact these changes will have on our clinical psychology students. We are also developing a survey to be completed by undergraduate students enrolled in psychology courses throughout New Zealand. This survey aims to quantify the number of students who will no longer enrol in postgraduate study due to the changes made to the student allowance. This data, as well as the data reviewed above, will be presented to the government, as well to members of the opposition. A media release of these findings is currently being formulated.

Media release issued 8 August

Psychological Therapy Works But Who Is Willing To Pay?

Grant Taylor

Recent newspaper articles have reported that several purchasers of mental health services have made decisions that effectively restrict

the availability of psychological therapy. There is some suggestion that these decisions are driven by the apparent cost advantage offered by drug treatment, particularly for problems such as depression. It was reported that Sovereign Insurance cannot afford the costs of supporting counseling for depression, which have grown over time.

Unfortunately, these decisions are not in line with the evidence about what helps people with mental health issues to live satisfying and productive lives.

Both Sovereign Insurance and the Ministry of Justice (the latter in relation to changes to counselling services provided by the Family Court) have the legal right to set policies that best fit their organizational objectives. While the reasoning behind those decisions is unclear, it is important to note that they are not based on scientific evidence about what works in alleviating and managing serious psychological problems such as anxiety or depression.

For example, extensive research has shown that both drug and psychological therapies (particularly Cognitive Behaviour Therapy and Interpersonal Psychotherapy) are effective in treating depression. Research has also shown that some people respond better to one rather than the other type of intervention or do better with a combination of both. Furthermore, there is research evidence that psychological therapies may be better at preventing relapse, once treatment is discontinued.

So far, we have no reliable way of predicting who will respond best to which kind of treatment, so there is no clinical basis for systematically restricting the availability of one or the other to specific individuals. However, the superior effectiveness of psychological therapy in the maintenance of therapeutic change, means that the overall economic argument may actually favour this kind of therapy over drug therapy. Cost increases faced by purchasers of mental health services may be due to the high prevalence of mood disorders and the success of public health campaigns encouraging people to recognize and seek treatment for such problems.

Mental health problems are common, have a serious impact on people's well-being and can be deadly. Their appropriate

identification and treatment is quite properly a government health priority and restricting access to psychological therapy is contrary to the best interests of people and the community. It is also contrary to the best available scientific data regarding effective treatments. Concerns about the financial sustainability of therapy can and should be addressed in ways that involve a more thorough examination of the evidence and collaboration between funders, providers and clients. If private insurance and government departments will not step up to opportunities to support the mental health of their clients, who will?

Psychology Workforce Group meeting Wednesday 21 August 2013

Cutting of student allowances

A nationwide survey of postgraduate students has been conducted with 132 measurable responses. The results are being condensed into a report which will be sent to the sympathetic MPs and from which The College and Society will collaborate to develop a press release. The plan is to possibly use individual stories and case studies to increase the impact with the press release.

A survey is currently being developed to send to all 3rd year and Masters students to try and gauge how many are being put off postgraduate study. When finalised, this will be circulated to all NZ universities for posting on blackboards.

HWNZ Psychology Internships

Ruth Anderson from Health Workforce NZ (HWNZ) has indicated that they that would welcome suggestions as to how to develop these and some draft suggestions have been collated from comments and feedback from a small working group, which includes Malcolm Johnson and Carrie Barber. At this point we are waiting for feedback on these suggestions from the Psychology Leaders.

It was noted that the Dept of Corrections have 1 -2 established interns positions in every university town.

Membership of PWG has been extended to include representatives from the NZPsS

National Standing Committee on Bicultural Issues and Pasifikology as well as the Department of Corrections. A representative from the educational psychology programme(s) will be invited to join the group.

Issues facing educational psychologists

The situation is dire. There are two programmes in the country one of which (a distance course) in its present form. Peter and Marc briefly described the two courses and the issues facing interns and graduates including that the Ministry of Education are engaging teachers as substitutes for ed psychs which has a potentially disastrous risks for on the long term mental health of the public.

Once we've got an educational psychology programme rep (most likely from the VuW course, for e.g. Vanessa Green) we will invite someone from MOE to attend a PWG meeting – possibly Peter Hughes.

It was noted that there is a chapter in *Psychology and the Law* that fully covers the area of educational psychology.

Māori and Pacific workforce issues

Although clinical psychology is identified as a skill shortage the numbers of practitioners are dwindling, particularly Māori and Pacific Island clinicians. There are also major shortages in the other areas of psychology.

It was noted that it's becoming more and more difficult to get the Māori and Pacific students interested in postgraduate psychology programmes as there are a lot of alternative employment options that include immediate remuneration and eventually sometimes even a better salary. There had been a period of growth in the Māori and Pacific student population but this seems to have slowed in the last 5 years. It is much easier to get into medicine and there is way more support for students from e.g. Te ORA.

Another problem is that the psychology study is in two parts, pre and post graduate, which not only provides an opportunity to not complete but also means that there is now no allowance available for the second part. And although many people are interested in providing therapies there is also the parallel problem that psychology is sometimes perceived as mysterious and not in a good way. In addition Māori and Pacific Islanders

have more cultural and family demands than others and there is less understanding from the whanau about the value of tertiary study and the commitment needed to complete.

This issue is now a standing item at this meeting with the firm goal of finding solutions to the problem.

Next Meeting

Wednesday 19 November.

Summary of the Psychology Profession Advisory Forum (PPAF) meeting, 21 May, 2013

Representatives of the New Zealand Psychologists Board, the New Zealand College of Clinical Psychologists, the New Zealand Psychological Society, the university HoDs and training Programme Leaders attended this half-day meeting in Wellington.

Key issues discussed

Update re the NZCCP's prescription rights (RxP) proposal – The NZCCP reported that their final consultation document will be forwarded to HWNZ in the next few weeks.

Update re the 2012 Review of the HPCA Act – It was noted that the Ministry appears to have put this process on hold.

Updates re each organisation's cultural competence activities – The Society's Annual Conference (Auckland, September) will include two bicultural Keynote speeches. They found the recent Indigenous Psychology Conference was very worthwhile, and noted that it will now be held every two years. They recently received notice of the 5th International Congress on Licensure, Certification and Credentialing in Psychology in Stockholm, and the NSCBI will be making submissions requesting that the Congress include cultural competencies and representation of indigenous peoples. (Aside: The Board will be represented at the Congress by the Chief Executive, Psychology Advisor, and its sole Māori board member.) The Board are cultivating an ongoing relationship with a Māori cultural advisor.

Educational Psychology – Concerns were shared re a number of long standing problems in the realm of Educational Psychology.

Reports from PPAF Members

NZCCP reported that:

- Their 2013 awards and grants have been made.
- Their conference went very well, and the Board's presentation was well received.
- They continue to meet with ACC three or four times per year.
- They have had some interesting ethical queries lately, including one about debt collection.
- Allied Health Aotearoa New Zealand (recently renamed) has a new Director (Philip Grant) and a new Convenor (Katrina Turner-Benny).
- They supported a recent NZ Neuropsychology Group workshop.
- They supported a series of Branch workshops re prescribing rights.
- They will be represented at APA's major (Division 55) meetings in Hawaii in August.
- Their 2014 conference will be held in Christchurch (~10 - 13 April) in conjunction with the Australian Clinical Psychology Association.

NZPsS reported that:

- They continue to lobby re student allowances (as part of the larger, collaborative effort).
- Their annual conference is set for September 6 - 9 in Auckland, and planning is going well. They have a diverse programme with strong keynote speakers.
- They are bolstering their "on-line" presence with many new resources.
- The latest edition of *Psychology Aotearoa* is now out.
- Beverley Burns (a current Board Member) was recently made a Fellow of the Society.
- Their 2013 Professional Development Programme continues.
- They have been active in the review of Family Court processes.
- Their publications "*Connections*" will be offered online from June. The June edition will include a new ethical issues column.
- They made a public comment on the new DSM-V.

HoDs and PDs reported that:

- The training programmes are concerned about the lack of evident progress re

the HWNZ internships, and especially re their lack of working party representation.

- That a survey of students suggests it is too soon to know what impact the elimination of student allowances will have on PGDip students. There may be some lag time, and numbers are quite varied.
- The implementation of a 180 point Masters needs to be closely monitored. It could involve a 60 point thesis or none at all.

The Board reported that:

- (Re the Ministry's proposals for a single, shared secretariat) A "Detailed Business Case" for a "Shared Services Organisation" has been published, and now each RA will carry out the necessary consultation to come to a decision as to whether or not they will participate.
- (Re the 2012 Review of the HPCA Act) It was noted that the expected (April) discussion paper seems to have been indefinitely delayed, pending news re the amalgamation of secretariats.
- Anne Goodhead updated the group re the best practice guidelines on *Maintaining Professionalism While Using Social Media*, which the Board will consider further later this week. It is anticipated that the consultation on these guidelines will be extended for another few months.
- (Re the draft Core Competencies for the Counselling Psychologist Scope) Anne noted that the penultimate draft of these competencies (created by the working party) remains with the Institute of Counselling Psychology for comment, and will then go to the Board's August meeting for approval to publish for consultation.

The next PPAF meeting will be held on 21 August.

ACC/ NZPsS / NZCCP liaison meeting

The following was discussed and agreed in relation to communications flow:

- ♣ A steady flow of communication is critical
- ♣ Information about the project should be open and transparent.

- ♣ ACC will communicate at key milestones and be clear about the status of the communication – e.g. whether it relates to work-in-progress or finished product
- ♣ NZPS and NZCCP will support the distribution of stakeholder information through their own channels to extend reach, and encourage participation in the updates
- ♣ ACC will look to incorporate additional feedback mechanisms for providers as part of the service redesign, including acknowledgement of services performed and key contacts for specific service areas where appropriate.
- ♣ ACC will incorporate outputs from the Sensitive Claims Advisory Group meetings as an agenda item in future meetings, but will distribute key points from the 20 May meeting with the minutes in the meantime.
- ♣ ACC will improve communications understanding by ensuring that all communications are targeted to individual groups so that they can see at a glance how they are affected.
- ♣ ACC reiterated that updates will be available on a dedicated area on its website and via email. Anyone wanting to subscribe to the email update can do so by emailing specialisedtreatment@acc.co.nz.
- ♣ NZPsS and NZCCP expressed a desire to continue with having a publishable summary of the meeting minutes and the ability to resend directly back to members with responses to their questions discussed at the meetings. ACC are also keen to create FAQs from these questions that can go on their website to assist all providers.
- ♣ It was suggested that key contact details are provided on ACC communication. ACC will need to check the policy for providing internal staff details on a general communication before agreeing to this.
- ♣ It was suggested that members would benefit from an ACC extranet, where providers could login and access secure information. ACC responded this is not currently available and had no view of when or if this could be made available in future.
- ♣ It was suggested that ACC would look into whether a current list of Branch Advisor Psychologists (BAPs), could be provided for members but not published on a public website.
- ♣ ACC discussed the Sensitive Claims Advisory Group which was held on Monday 20 May. During this meeting, it was agreed that ACC would produce a summary of key points from the meeting for SCAG members to share broadly – as mentioned above. ACC discussed their intent for future SCAG meetings, which will be to include this as part of a wrap up activity at the end of the day.
- ♣ It was suggested that ACC include a 'what does this mean for me' message in communications. A further suggestion was that ACC could lead providers through a scenario and describe how the Sensitive Claims Service is intended to work in future.
- ♣ ACC discussed that it was able to track the 'open rate' on its emails out to stakeholders. At the time of the meeting, 50% of stakeholders had opened the update. It was agreed that NZPsS and NZCCP will communicate to members that they need to play an active role in communications i.e. to read emails that are sent to them from ACC about the Sensitive Claims Service Re-design
- ♣ It was discussed that members do not receive formal feedback from

ACC when they have performed a client assessment. This means that they have no visibility about whether the claim has been accepted. It is however, understood that counsellors and clients do receive a letter. ACC acknowledged this gap and advised that it will be considered through the service re-design and in the meantime a discussion would be had with Sensitive Claims to identify any interim solution for providers wanting feedback.

- ♣ It was suggested that the following key messages are included in ACC communications about the re-design:

- ACC is making some changes to way it manages Sensitive Claims
- Please be patient as ACC works its way through the changes.
- Please contact your case manager if your enquiry is urgent
- ♣ There was several comments made to ACC about the high quality of service provided by the Sensitive Claims Unit and it was stated that the team have been professional, responsive and managing the change appropriately.

NZCCP

National Education Training Timetable

The NZ College of Clinical Psychologists aims to encourage and facilitate continuing education opportunities for members, by providing nationally coordinated events to a high standard. Our goal is to coordinate training opportunities between branches with the goal of facilitating training in all regions. Please consult the College website for further information and links (<http://www.nzccp.co.nz/events/>)

TRAINING TIMETABLE

NZCCP Events

LOCATION	MONTH	PRESENTER/ CONTENT
Auckland	25 October	Helen Holmberg/Technological Tapa Tasting: Using Technology to Enhance Therapeutic Effectiveness
Christchurch	22 November	Sex Therapy

Other Events

LOCATION	MONTH	PRESENTER/ CONTENT
Auckland	16 September	<u>Understanding Asperger's and Autism</u>
Auckland	10 September	<u>NZ Suicide Prevention Conference: A Lifespan Perspective</u>
Dunedin	9-11 September	<u>Advanced Schema Therapy workshop</u>
Auckland	21-22 October	<u>Adapting your DBT Programme for Adolescents: Helping Emotionally Dysregulated & Suicidal Teens</u>
Auckland	31 October	<u>Sunila Wilson/Working with Indian Families in N.Z.</u>
Wellington	4-8 November	<u>Fostering Changes, Facilitator Course</u>
Christchurch	12-13 April 2014	<u>ACPA/NZCCP joint Conference</u>

ACPA

THE AUSTRALIAN
CLINICAL PSYCHOLOGY
ASSOCIATION



NZCCP

The New Zealand College
of Clinical Psychologists

Te Whare Wānanga o te Mātauranga Hinengaro

ACPA and NZCCP joint CONFERENCE 2014

*Ehara taku toa i te toa
takitahi, engari he toa
takitini ke*

**"My strength does not come
from me alone but also from
others"**

12 - 13 April
Chateau on the Park, Christchurch



Pre-conference workshop: 10-11 April: Compassion Focused Therapy, Dr Chris Irons

Pre-conference student workshop: 11 April: Keeping mind in mind – practical use of the mentalising stance, Robert Green

Post-conference workshop: 14 April: Brief Interventions for Radical Change, Kirk Strosahl and Patricia Robinson

CLASSIFIED

Leah is a Sydney based doctoral-level clinical psychologist with 18 years of clinical and teaching expertise in CBT and traumatology

Treating PTSD

Oct-Nov 2013 trauma education
presented by
Dr Leah Giarratano



LIMITED PLACES. REGISTER EARLY

A CPD activity for all mental health professionals: attracts 14 CPD hours

Dubbo NSW, 10-11 October
Wagga Wagga NSW, 17-18 October

Coffs Harbour NSW, 24-25 October
Wollongong NSW, 7-8 November
Brisbane CBD, 14-15 November

Melbourne CBD, 21-22 November
Sydney CBD, 28-29 November

For more details about this workshop and books by Leah Giarratano refer to www.talominbooks.com

Online PTSD case supervision with Leah is available to attendees of this training
Go to www.cpdpoint.com.au/forums for information

Clinical skills for treating posttraumatic stress disorder

This two-day (9am-4.30pm) program presents a highly practical and interactive workshop (case-based) for treating traumatised clients; the content is applicable to both adult and adolescent populations. Techniques are cognitive behavioural, evidence-based, and will be immediately useful and effective for your clinical practice. The emphasis is upon imparting practical skills and up-to-date research in this area.

Day one topics include:

- Treatment maps and planning strategies
- Psychoeducation and motivation tips
- Analysing and targeting dysfunctional behaviours (e.g., substance abuse, self-harm)
- Arousal reduction strategies (including breathing retraining, grounding and distraction tasks)
- An introduction to anger management
- Self care for mental health professionals

Day Two topics include:

- In vivo exposure therapy (reducing avoidance behaviours)
- The fundamentals of exposure therapy for traumatic memories (prolonged imaginal exposure)
- Cognitive challenging of negative self-statements related to the traumatic event
- Contraindications and complex case issues

SPECIAL PRICE FOR NZ RESIDENTS TRAVELLING TO AUSTRALIA- SAVE \$220 AUD

Program fee is \$500 (Australian Dollars AUD)

Only NZ residents can register with this page. Others must register at www.talominbooks.com where our regular fees apply

Program Fee includes materials, lunches, morning and afternoon teas on both workshop days

Please direct your enquiries to Joshua George: **Phone** (0061 2) 9823 3374 **Fax** (0061 2) 8786 1361 **Email:** mail@talominbooks.com

Oct-Nov 2013 Treating PTSD Registration/ Reservation Form

Please circle the workshop you wish to attend below and return a copy of this completed page by fax or mail

Dubbo NSW, 10-11 October
Wagga Wagga NSW, 17-18 October

Coffs Harbour NSW, 24-25 October
Wollongong NSW, 7-8 November
Brisbane CBD, 14-15 November

Melbourne CBD, 21-22 November
Sydney CBD, 28-29 November

Name: _____ :	
Address for invoice: _____	
Phone: _____	Email (*essential*): _____
Mobile: _____	Special dietary requirements: _____
Method of payment (circle one) Visa MasterCard Cheque EFT Please reserve my place & issue a tax invoice	
Name of cardholder: (if using a credit card)	Expiry Date: _____
Card Number: _____	Card Verification Number: _____
Signature of card holder: (if using a credit card)	Debit amount in Australian Dollars: \$500.00

Cheques are to be made payable to Talomin Books Pty Ltd and mailed to PO Box 877, Mascot NSW 1460

If payment is made with a credit card, simply complete the information above and fax this page to (0061 2) 8786 1361.

A receipt will be emailed to you upon processing. Note: Attendee withdrawals and transfers attract a processing fee of \$55 AUD.

No withdrawals are permitted in the seven days prior to the workshop; however positions are transferable to anyone you nominate.

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

WINTER 2013

