



Te Taiao...tū taiahahā!
NZCCP conference 2023



25 - 26 MARCH 2023

James Cook Hotel Grand Chancellor,
Wellington

Te Taiao...tū taiahahā!

Te Taiao traditionally references the natural world; however, in the contemporary context, people also live in their own natural environments - family, work, school, hapū, marae, society, and the global community. People are connected and influence each other in the many contexts in which they live, work and play.

As psychologists in Aotearoa-New Zealand, our challenge, which tū taiahahā draws our attention to, is to consider how we work with people in holistic, connected ways, contributing our psychological knowledge relative to the uniqueness of our whenua, while recognising, valuing, and embracing the environments in which people exist.

[PLEASE CLICK ON THIS LINK FOR MORE INFORMATION ABOUT THE CONFERENCE AND ASSOCIATED WORKSHOPS](#)



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ADMINISTRATION AND GENERAL INFORMATION

Conference Registration Desk

The conference registration desk will be open at the following times:

- 4.30 – 5.30pm Friday 24 March
- 7.30 – 10.00am Saturday 25 and Sunday 26 March

The desk will also be staffed daily during the conference. Please do not hesitate to ask for information or assistance.

Workshop Registration Desk

The workshop registration desk will be open between 7.30 and 9am Friday 24 March, and Monday 27 March. The desk will also be staffed during the workshops. Please do not hesitate to ask for information or assistance.

Cell Phones & Other Technology

If at all possible please switch off all cell phones and items that may interrupt proceedings. If you must have a cell phone on, please ensure it is on silent or vibrate mode only, and if you need to answer it please do so in a manner that causes the least disruption to others.

Lost and Found

Please report lost or found items at the registration desk.

Name Tags

On registering you will be given a name tag. Please wear this at all times.

Meal Breaks

Morning and afternoon teas and lunches are provided as part of the workshops and conference. Please note that karakia/thanksgiving will be offered before the partaking of any provisions.

Social Events

- Welcome function – an opportunity to make new connections and re-establish old ones – will be held with wine and nibbles on Friday 24 March at 5.30-7pm at the James Cook Chancellor, Wellington
 - The Conference dinner will be held at the James Cook Chancellor, Wellington from 7.30pm on Saturday 25 March. The price of this is \$75 and there will be a cash bar for you to purchase your drinks
- Please inform conference reception if you wish to attend either of the Conference functions.

Hotel & Parking

Location & Directions – our main entrance is at 147 The Terrace or pedestrian lift access from the James Cook Arcade on Lambton Quay (closed between 1am-6am). Parking is available at the hotel for \$30 per night (pre-booking is not required).

Dietary Requirements

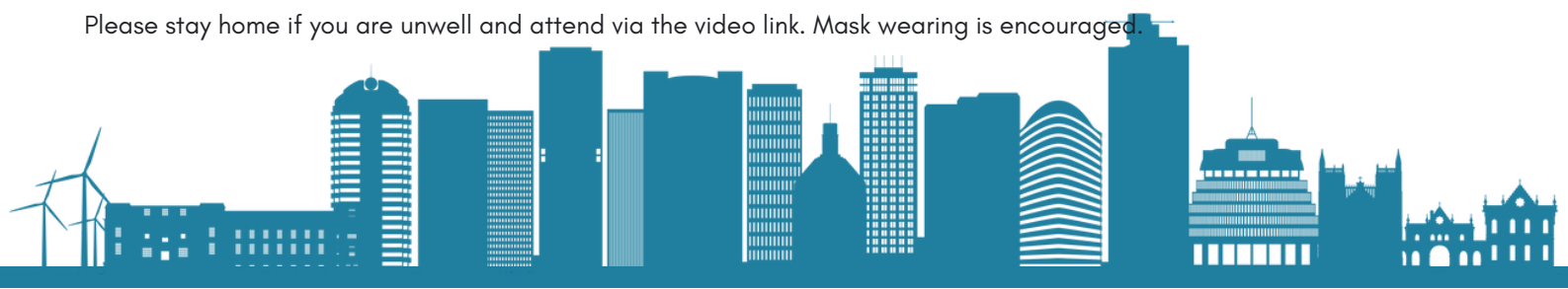
Special meals will be clearly identifiable. If you have not indicated any particular dietary requirements then please do not eat these meals or someone else will miss out!

Guidelines for presenters at conference

Please load your presentation onto the laptop in the room you are presenting in the break immediately before your presentation slot. There will be a student helper in the room to assist you with this if needed. All rooms will have a data projector, a screen, and a laptop, which you are welcome to use. If you requested other equipment this will also be in the room. There will be a session chairperson who will introduce you and keep time for you.

COVID

Please stay home if you are unwell and attend via the video link. Mask wearing is encouraged.



Health

In medical emergencies the hotel Duty Manager is to be contacted immediately to assess the situation and, if required, medical services will be contacted (e.g., ambulance). Please do not hesitate to contact hotel staff or workshop organisers if you feel unwell.

Emergency Evacuation

In the unlikely event of an emergency, please follow the directions of the hotel staff or the conference organisers.

Airport Transport

The Wellington airport is approximately 8kms from the James Cook Chancellor, Wellington. Transport to and from the airport is available by Uber, taxis and shuttles. Combined Taxis offer guests staying at the James Cook a capped fare of \$40 (PIN number 0147 is required)

Protocols for the Opening and Closing Ceremonies

Every Iwi/Hapū has a specific approach to Pōwhiri/Whakatau as part of their unique protocols. For the commencement of this conference, a Whakatau process will be utilised to create the time and space for the hosts to make the necessary ceremonial observations, and to acknowledge all those present at the conference as part of the provision of care. The Whakatau process serves to centre the hearts and minds of those in attendance in order to promote effective engagement into the purpose of the gathering/occasion, with no requirement for a response to be made by guests. Following the opening address, we will sing the College waiata, Pae Tū, Pae Ora.

Pae Tū, Pae Ora

Ko ngā pū

Great orators

Ka tū i te tū o Tū

Stand strong like Tūmataunga

Ka puta ka ora nā

Resulting in wellbeing

Ki te tōnuitanga e

for a prospective prosperous future

Pae Tū, Pae Ora e

Living today, Thriving tomorrow

After the second speech to welcome all attendees on behalf of the College, the supporting waiata will be Tūtira Mai Ngā Iwi

Tūtira mai ngā iwi.

Tūtira mai ngā iwi Line up together people

tātou tātou e All of us, all of us

Tūtira mai ngā iwi Stand in rows people

tātou tātou e All of us, all of us

Whai-a te marama-tanga, Seek after knowledge

me te aroha - e ngā iwi! and love of others - everyone

Ki-a ko tapa tahi, Think as one

Ki-a ko-tahi rā Act as one

Tātou tātou e All of us, all of us

(Repeat)

Tā-tou tā-tou e E!!

Hi aue hei !!!

Whakawātea Closing

Whakawātea is the practice of bringing the day and/or hui (event or gathering) to a conclusion. The Whakawātea serves as a quality reflective practice to enable the transitioning from one space to the next, with the Whakawātea process enabling one to be 'free' and 'clear'. It also allows for the imparting of blessings as part of the provision of care. To support the conclusion process of the day or hui, a waiata is often sung and may be joined in by all. As such, the College waiata will once more be sung.

The Conference Organising Committee: Amie Sinden, Clare Couch, Caroline Greig, Fernanda de Lacerda Mottin, Rose Silvester, Roxie Orr, Shaystah Dean, Rachel Booker, and Annie Talbot



8.30-9am CHANCELLOR 1	SATURDAY 25 MARCH 2023 Mihiri Whakataku			
9-9.15am CHANCELLOR 1	Welcome and Opening Address: Health Minister Dr Ayesha Verrall			
9.15-10.15am CHANCELLOR 1	Keynote address: Dr. Diana Kopua & Tohunga Mark Kopua: Te Kurahuna: Mahi a Atua (Chair: Tricia Stuart)			
10.15-10.30am	Morning Tea:			
10.30am - 12.30pm	CHANCELLOR 1 (Chair: Clare Couch) Workshop (90min): Dr Roxy Heffernan Tikanga Takirua: A Framework for Bicultural Psychological Practice Paper (30min): Carrie Clifford Pūrākau Tuku Iho – Promoting The Meaningful Use of Māori Storytelling in Mental Health Settings	CHANCELLOR 2 (Chair: Jemima Bullock) Gender Affirming Health Symposium: Oscar Taylor (45min) Capacity and Consent Issues for Children and Adolescents Making Decisions about Treatment: Ethical Dilemmas in Transgender Health Matt Langworthy (45min) Supporting Conversion Practices Survivors Emma Reynolds (30min) "My transition has been one of absolute f---ing joy": Longitudinal Outcomes of Gender Affirming Hormone Therapy on Gender Incongruence and Psychosocial Wellbeing	CHANCELLOR 3 (Chair: Elena Moran) Workshop (60min): Vincent Waide Understanding concussion: Workshop (60min): Dryden Badenoch Marks out of 30: appropriate use of cognitive screening tools in primary care	CHANCELLOR 4 (Chair: Fernanda de Lacerda Mottin) Panel: Marijke Batenburg & Roxie Orr Unmasking Autism - Takiwātanga Aotearoa
12.30-1.30pm 1.30-2.30pm CHANCELLOR 1	Lunch Keynote: Monique Faleafa: A holistic response to global shifts that are reshaping our world (Chair: Angus Maxwell)			
2.30-3.30pm	Paper (30min): (Chair: Shaystah Dean) Eleanor Brittain —Ko wai, ko wairua: Narratives of wairua and wellbeing Workshop (30min): (Chair: Shaystah Dean) Shaystah Dean, Ben Sedley & Clare Couch — The Spirit in Psychology: Reflections on Abrahamic faith traditions in clinical practice	Gender Affirming Health Symposium contd. Em Edwards, Zoe Deverick & Nicole Winters (30min) Your Role in the Advancement of Informed Consent in Gender Affirming Care Jemima Bullock (30min) Updates in Gender Affirming Health Care in Aotearoa New Zealand and Panel discussion/Q&A	Panel (60min): Amie Sindén, Dr Sophie Ames, Robyn Girling-Butcher, Iris S. Fontanilla, Katharine Blackman (Chair: Tricia Stuart) Psychologists' response to the health workforce crisis in New Zealand: Rethinking staff support	Workshop (60min): Kerry Makin-Byrd (Chair: Angus Maxwell) Compassion Cultivation and Active Compassion: A crucial clinical tool to help clients
3.30-4pm 4-5.30pm	Panel (60min): (Chair: Shaystah Dean) Joanna Chan Damian Scarf, Waikaremoana Waitoki, Ottilie Stole, & Kyle Tan Systemic Racism in Clinical Psychology A Conversation with the Working Group (30min): Profession Apology to Māori	Workshop (60min): Melodie Barr Improving cognition and functional outcomes for people living with schizophrenia Paper (30min) Zara Mansoor —Symptoms or relationships? A co-design approach to find out what matters most to whānau with Child Adolescent Mental Health Services (CAMHS)	Papers (30min each): (Chair: Paul Skirrow) Fernanda Mottin —Understanding burnout through a Systemic and Neuroscience lens Stephen Kearney —Military Culture and Working with the NZDF Louise Morgan —Wellbeing for First Responders	Papers (30min each): (Chair: Elena Moran) Vanessa Gray —Facial Emotion Processing and the Effect of Age. Che-Wei 'Jerry' HSU —Cognitive Bias Modification for Stereotyping (cbm-S) Amy Kercher Investigating the impact of the COVID-19 pandemic on psychologists' professional quality of life in Aotearoa New Zealand.

SUNDAY 26 MARCH 2023			
Karakia			
Keynote: Taciano Milfont: <i>Psychology in the Anthropocene Epoch</i> (Chair: Clare Couch)			
Morning tea			
CHANCELLOR 1 (Chair: Amie Sinden)		CHANCELLOR 2 (Chair: Fernanda de Lacerda Mottin)	
8.45-9am CHANCELLOR 1 9.00-10.00am 10.00-10.30am			CHANCELLOR 3 (Chair: Rose Silvester)
10.30am-12.30pm	<p>Workshop (60min): Anne Harvey, Jane Wegery and Roxie Orr Humans, Horses and Healing: Experiential Connections and Clinical Psychology</p> <p>Workshop (60min): Tobias Schulz Dependency Dynamics in Therapy: Clinical and Ethical Considerations</p>	<p>Workshop (90min): Kate Treves In a tic: Working with children/young people with tics - introductory workshop</p> <p>Paper (30min) Robyn Vertongen—Adolescent dilemmas about viewing pornography and their efforts to resolve them</p>	<p>Workshop (60min): Emily Cooney Readiness and dialectical change in PTSD treatment</p> <p>Papers (30min each): Emily Cooney—What does it take to stop hitting home? Voices of family violence Mary Buchanan—The role of social support in reducing the long-term burden of cumulative childhood adversity on adulthood internalising disorder.</p>
12.30-1.30pm CHANCELLOR 1 2.30-4.30pm	<p>Lunch Keynote: Julia Rucklidge: <i>Nutrition Provides an Essential Foundation for Optimizing Mental Health: A New Frontier for Psychologists</i> (Chair: Roxie Orr)</p> <p>Workshop (60min): Ben Sedley (Chair: Rose Silvester) Stuff that's Stuck: ACT for Difficult to Engage Teens</p> <p>Workshop (60min): Jessica Stubbing & Kerry Gibson (Chair: Rose Silvester) Youth-Informed Clinical Practice: A practical workshop guide to working effectively with young people.</p>	<p>Workshop (60min): Code of Ethics Review Working Group (Chair: Malcolm Stewart) Rewriting the Code of Ethics (COE) – Your Chance to Comment</p> <p>Workshop (60min): Ann Connell, Freda Walker, Shirley-Ann Maritz, Fran Vertue, Liz Waugh, Nikki Reynolds Demystifying Conduct, Competence and Fitness</p>	<p>Medical Protection Society - CHANCELLOR 3 (Chair: Paul Skirrow)</p> <p>Workshop (60min): Penny Kokot Louw (Chair: Amie Sinden) "We don't talk about Bruno": Fear of fat in psychological practice.</p> <p>Paper (30min) (Chair: Amie Sinden) Sue Galvin—What's all this about parts?</p> <p>Presentation (30 min): Haidee Westwater & Clare Couch (Chair: Amie Sinden)—Pākehā psychologists talking about racism – impacts on our practice</p>
4.30-5pm CHANCELLOR 1	<p>Whakawātea Closing</p> <p>Posters will be on display in the catering room at lunchtime on both days: (can I suggest if not already common practice that the poster author schedule time to be by their poster for discussions and display this on the poster and/or in schedule)</p> <p>Andre Mason: High risk or Risky highs: Understanding the impact of alcohol and cannabis on the suicidal trajectory among Australian men</p> <p>Ella Hall, Gabrielle Bisseker (Sat 1-1.30pm): Development of the First Neonatal Psychology Service in Aotearoa:</p> <p>Paul Skirrow: Memory assessment in Aotearoa New Zealand: Patterns of practice, language and cultural validity</p> <p>Claudia Garcia (Sat&Sun, 1.10-1.30pm): "I wouldn't know where to start": LGBTQA+ university students' experiences and preferences in mental health care</p>		

KEYNOTE ADDRESSES DAY 1

DR. DIANA KOPUA & TOHUNGA MARK KOPUA SATURDAY 9.15-10.15AM

Te Kurahuna: Mahi a Atua

As the founder and Manukura of Te Kurahuna: Mahi a Atua, Psychiatrist Dr. Diana Kopua will share Te Kurahuna's vision, strategy and outcomes as they expand to create social impact.

Diana trained first as a nurse and in 2014 she completed her specialist training in psychiatry and is a Fellow of the Royal Australia New Zealand College of Psychiatry. Diana became the first Ngāti Porou psychiatrist in Tairāwhiti in 2014. Dr Diana Kopua is changing the system by preferencing Indigenous approaches to oranga-tanga. As the developer of Mahi a Atua, she and husband Tohunga Mark have created 'Te Kurahuna' - a whare wānanga (training institute) where practitioners learn indigenous knowledge in a unique and authentic way.

Mark is renowned for his expertise as a master carver and has dedicated 31 years of working at the forefront of modern Moko (traditional Māori tattoo). He first began his journey in mental health services in 2012 as a cultural advisor/worker for a community Māori Mental Health Service, in Porirua. He is a confident facilitator and his approach to healing is celebrated by communities as he embraces his unique skills as a storyteller and keeper of ancient Māori knowledge and whakapapa. He held the position as Tohunga (expert) for 'Te Kūwatawata' - a groundbreaking Māori designed mainstream mental health service.

(<https://www.nzccp.co.nz/assets/Kopuas-Bios.pdf>)

MONIQUE FALEAFA SATURDAY 1.30-2.30PM

A holistic response to global shifts that are reshaping our world

There are some large-scale global shifts and megatrends touching everyone on the planet that have reshaped our world faster than we predicted and will shape our world for many years to come. Climate change is increasingly impacting all aspects of our lives, technological innovation continues at breath-taking speed, and the world order is fundamentally shifting with geostrategic fractures having wide-ranging political, economic and social consequences. A major effect of this has been that social issues have come to the front of public conscience with greater ferocity, including impacts on our mental health and wellbeing. I will address the implications of climate change, technology and digital disruption and socio-economic change on our mental health and wellbeing from a holistic Pacific perspective. Traditionally Pacific cultures are inherently collective and relational with a holistic perspective of well-being where cognitive, emotional, spiritual, physical, environmental, and relational dimensions of the self are required to be in harmony for positive well-being. These global shifts are negatively impacting our wellbeing, and whilst we all show resilience in uncertain times, we are in a race against time. There is massive opportunity to work together, with indigenous perspectives of people and planet, to create a more positive future for us and for generations to come.

Monique is a Partner in PwC's Consulting practice and co-leads the Hauora industry group. Of Samoan descent, and a practising Clinical Psychologist, she is passionate about supporting people and organisations to unleash their full potential. She enjoys the challenge of tackling complex wellbeing and business problems.



KEYNOTE ADDRESSES DAY 2

TACIANO MILFONT

SUNDAY 9-10AM

Psychology in the Anthropocene Epoch

Human activity is having a significant impact on Earth's climate and ecosystems, and climate change is arguably the greatest environmental threat humanity has ever faced. The human impact is so profound that scientists are proposing the Anthropocene as a potential new epoch of geological time. What are the implications for psychologists? On one hand, psychologists can contribute to understanding the climate crisis, and help with mitigation and adaptation efforts. On the other hand, anecdotal and emerging empirical evidence suggests growing worry and anxiety related to the consequences of climate change, particularly so for younger people. Psychologists can also contribute to understanding and addressing the impact of the climate crisis on mental health and emotional wellbeing. In my talk, I will discuss these topics building on from the report of the APA Task Force on Climate Change that I co-authored.

Dr Taciano L. Milfont is Professor of Environmental Psychology at Te Kura Whatu Oho Mauri - School of Psychology, University of Waikato. He is known for applying insights from social and behavioural sciences to address environmental problems.

JULIA RUCKLIDGE

SUNDAY 1.30-2.30PM

Nutrition Provides an Essential Foundation for Optimizing Mental Health: A New Frontier for Psychologists

Despite the advent of new medications and other psychotherapies over the last century, rates of mental illness have been on the rise. We have more psychologists, more prescriptions and more money being poured into the public health care system but the rates keep intensifying. We continue to do more of the same expecting a different outcome. What if we are looking for solutions in the wrong places? What if in addition to psychotherapy, psychologists also ensured their clients are adequately feeding their brains? Over the last two decades, scientists have uncovered an uncomfortable truth: what we eat is affecting our mental health. In this keynote presentation, Professor Rucklidge will identify the food choices and dietary patterns that serve as risk factors to psychiatric problems. She will discuss the recent paradigm shift of using nutrition to avoid, treat or lessen mental illness. She will discuss the challenges for implementation, wider public reforms that need to occur and the ethics of talking about nutrition as a psychologist. The talk intends to challenge our current treatment regime for mental disorders and suggest an additional powerful course of action. Finally, the talk will offer practical suggestions for psychologists to incorporate this information into their clinical practice and discuss these suggestions within the context of informed consent.

Julia is a Professor of Clinical Psychology in the School of Psychology, Speech and Hearing at the University of Canterbury and the Director of Te Puna Toiora, the Mental Health and Nutrition Research Lab and co-author of The Better Brain.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

WORKSHOP: DR ROXY HEFFERNAN, MATE WEBB, DR RYAN BOTHA, TARSH EDWARDS

SATURDAY, 10.30AM-12MIDDAY

Tikanga Takirua: A Framework for Bi-cultural Psychological Practice

Aotearoa New Zealand, like other colonised nations, has a regrettable history of indigenous over-representation in a range of negative statistics, including all aspects of the Justice System (e.g., victimisation, arrests, convictions, imprisonment). In response to this, Ara Poutama/Corrections' current strategy (Hōkai Rangi, 2019) was developed. This strategy adopts a humanising and healing approach to service delivery and aims to elevate mātauranga Māori (Māori knowledge) across Ara Poutama. This can be a challenging task within Psychology and Rehabilitation, a space that is largely dominated by Western practice principles and understandings of what constitutes evidence. Collaborative research commenced in January 2022 to provide guidance to Ara Poutama's Psychology and Programmes Teams to elevate mātauranga Māori within Psychological practice. In order to do this, we needed to understand the challenges (and potential solutions) for practitioners. The first phase of this project involved a survey (n= 78) and interviews (n= 20) to explore the perspectives and experiences of rehabilitation practitioners, analysed via thematic analysis. In response to these insights, the next phase involved the development and refinement of a framework to support staff to collaborate bi-culturally. The framework, Tikanga Takirua, is based in the metaphor of a waka hourua (double hulled canoe), and contains six phases where Māori and Tauīwi (non-Māori) practitioners collaborate to work towards the aspirations of Hōkai Rangi. It is hoped that Tikanga Takirua will influence psychological practice through the development of interventions, trainings, and initiatives which contain a more equitable balance of mātauranga Māori. In this two hour workshop, we will share our research journey and outcomes thus far, including Tikanga Takirua, which is currently being piloted in a rehabilitation programme review and redesign. We will then ask workshop participants to consider applying the framework to a core task in their mahi and discuss its utility and potential challenges to adopting this approach. We hope that workshop participants will develop a deeper understanding of the challenges in this space and what collaborative bi-cultural practice may look like in their mahi.

Dr Roxy Heffernan (Lecturer, Te Herenga Waka, Victoria University of Wellington), Mate Webb, Dr Ryan Botha, Tarsh Edwards (Ara Poutama Aotearoa, Department of Corrections)



WORKSHOPS/PRESENTATIONS/SYMPOSIA

PAPER: CARRIE CLIFFORD

SATURDAY, 12 MIDDAY-12.30PM

Pūrākau Tuku Iho - Promoting The Meaningful Use of Māori Storytelling in Mental Health Settings

Māori and Indigenous peoples globally have a long storytelling tradition. Such practices preserve and transmit cultural knowledge and wisdom and lay the foundation for wellbeing, as explored in my PhD research. Yet, the value of these stories as therapeutic tools and intergenerational wellbeing practices remains largely untapped. In this talk, I will discuss my recent doctoral thesis exploring the current and potential future use of pūrākau (Māori stories and narratives) in contemporary mental health settings. He Awa Whiria - Braided Rivers approach provided an theoretical framework to acknowledge both mātauranga Māori and Western psychology and navigate the interface of these two knowledge streams. As part of this approach, I drew upon Kaupapa Māori research principles alongside qualitative research methods. Research involving interviews with 31 mental health workers and kaumātua with knowledge of and experience using pūrākau in contemporary mental health contexts in Aotearoa (22 Māori, nine non-Māori). Findings highlight the cultural and therapeutic significance of pūrākau. They provide a multifaceted approach to hauora: helping to process distress and grief; fostering cultural, psychological, and relational aspects of wellbeing; and positively contributing to the overall therapeutic process. Given the benefits identified, I developed Toka Āhuru, a framework to promote meaningful use of pūrākau in mental health settings. Such results provide timely guidance on braiding mātauranga Māori and western psychology in a way that contributes to meaningful healthcare experiences, honours Te Tiriti o Waitangi, and promotes hauora for Tangata Whaiora - people seeking wellness. Future research, wānanga, innovation, and practice development should take place.

Carrie Clifford (Waitaha, Kāi Tahu, Kāti Māmoe) is a Fulbright-Ngā Pae o te Māramatanga Scholar, currently completing her Doctorate in Psychology (University of Otago) and clinical psychology training (Te Herenga Waka, Victoria University of Wellington). Carrie is passionate about ensuring that the psychology workforce and the broader discipline of psychology reflect the needs, hopes and values of Māori communities'. Driven to recognise and revitalize Māori intergenerational healing practises, Carrie's PhD explores the use of pūrākau in mental health settings in Aotearoa. Student: University of Otago. PhD Supervisors: Professor Harlene Hayne, Dr Jules Gross, and Dr Mike Ross.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

GENDER AFFIRMING HEALTH SYMPOSIUM

SATURDAY, 10.30AM-3.30PM

Oscar Taylor (45min)

Capacity and Consent Issues for Children and Adolescents Making Decisions about Treatment: Ethical Dilemmas in Transgender Health

Background: Healthcare has taken a pathologising view of transgender communities and the ability to access medical transition. While gatekeeping at times does still occur, there are shifts to an informed consent model of treatment where the individual is viewed as the expert on their identity and needs and are supported in their decision making by healthcare professionals. Discussion and research into gender affirming healthcare and informed consent often focuses around adults rather than children and adolescents, a population with which many ethical questions and dilemmas emerge. With limited research and guidance, supporting young people who wish to medically transition can be difficulties to navigate.

Aims: This presentation will discuss a gender affirming model of care and how this applies to young people, some of the key ethical principles to consider in medical decision-making, and how to best support young people and their families in making important medical decisions.

Learning Objectives: To increase psychologists' confidence in supporting children and adolescents who are medically transitioning and provide practical skills and strategies for collaborate decision making with young people and their families.

Oscar Taylor, MSc, PGDipCIPs, Te Whatu Ora: Capital, Coast, Hutt Valley and Wairarapa

Matt Langworthy (45min)

Supporting Conversion Practices Survivors

Understanding therapeutic issues and pathways for redress

Also known as 'conversion therapy', conversion practices have been associated with non-suicidal self-injury, and suicidal ideation and attempts. 1 in 6 transgender people report a health professional trying to change them, and between 3-7% of rainbow young people and allies have had conversion practices performed on them. As of February 2022, performing conversion practices on someone is unlawful in Aotearoa. This workshop will cover aspects of supporting the healing of conversion practices survivors. This includes understanding criminal and civil pathways for redress, the psychological and spiritual impacts of conversion practices, and pathways to healing.

Matt Langworthy is leading the Human Rights Commission's Conversion Practices Response Service. His background is in dispute resolution, public health, human rights and governance, with a focus on marginalised communities. He is a survivor of over 20 years of conversion practices. Matt is a father, baker, runner and passionate year-round ocean swimmer.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

GENDER AFFIRMING HEALTH SYMPOSIUM, CONTD. SATURDAY, 10.30AM-3.30PM

Emma Reynolds (30min)

***“My transition has been one of absolute f—ing joy”*: Longitudinal Outcomes of Gender Affirming Hormone Therapy on Gender Incongruence and Psychosocial Wellbeing**

Background: Access to Gender Affirming Hormone Therapy (GAHT) has increased in recent years. Overall, research has shown that GAHT is associated with improvements in gender congruence, mental health, and wellbeing. However, currently no longitudinal data exists on the impacts of GAHT on psychosocial wellbeing and gender incongruence within Aotearoa.

Aims: This study aimed to explore the longitudinal impacts of GAHT on gender incongruence and psychosocial wellbeing.

Methods: Study one used repeated measures ANOVA to analyse differences between survey responses from 35 participants, prior to starting GAHT (baseline) and then at 6 and 12 months following GAHT. Measures of somatic symptomologies, depression, anxiety, wellbeing, and transgender congruence were used. Additionally, a Goals Tracking Form assessed whether personal goals were reached.

Using Thematic Analysis, study two was based on interviews with 10 participants from study one. The study aimed to explore journeys with GAHT.

Results: For study one, significant differences were found across all time points for The Transgender Congruence Scale and Goals Tracking Form. For Study two, three overarching themes were developed which explored the complex journeys participants experienced with GAHT: The Road to GAHT, The Outcomes of GAHT, Supports Needed Alongside GAHT.

Conclusions: Findings from this study indicate that at 6 and 12 month follow up, participants were closer to their personal GAHT goals and experienced increased gender congruence. From study two, experiences with GAHT were overall positive, however further support for additional services and funding could improve gender affirming health care.

Emma Reynolds (she/her/ia) - Massey University, Wellington. Emma is an Intern Psychologist completing the final requirements of her Doctor of Clinical Psychology training. Alongside her research and experience as a Clinical Psychology Trainee, she has worked as a Registered Behavioural Technician in America and Aotearoa. Her volunteer experience has been predominantly within youth development and support.

Jemima Bullock (she/her/ia) - Consultant Clinical Psychologist & Neuropsychologist, Kaimātai Hauora Hinengaro, Capital, Coast, Hutt Valley and Wairarapa. Jemima specialises in Gender Affirming Health Care and Paediatric Psychology and is based at Wellington Regional Hospital. She has prior experience in Paediatric Psychology and Endocrinology in London, UK.

Dr Simon Bennett (he/him/ia) - Associate Head of School (Clinical), Hinengaro Matua: Māori School of Psychology, Te Kura Hinengaro Tangata, Massey University, Wellington. Simon is a Māori clinical psychologist and senior lecturer in clinical psychology. He previously worked at Te Whare Marie, a kaupapa Māori mental health service. Simon has researched ways to adapt cognitive behavioural therapy for Māori and incorporate Māori concepts into Western treatment models.

Keith Tuffin (he/him/ia) - Associate Professor (Retired), School of Psychology, Massey University, Wellington. Keith's research interests include discursive psychology, social constructionism, prejudice, discrimination, and the language of racism. He is the author of Understanding Critical Social Psychology (2004) and is currently working on a new book examining the social dynamics of shared living in young adults.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

GENDER AFFIRMING HEALTH SYMPOSIUM

SATURDAY, 10.30AM-3.30PM

Em Edwards, Zoe Deverick & Nicole Winters (30min)

Your Role in the Advancement of Informed Consent in Gender Affirming Care

Background: The 2021 Conversion Practices Ban received more public feedback than any parliamentary submission to date, with much debate centering on transgender people and gender-affirming medical care. Psychologists in particular raised questions about their role in culturally competent gender-affirming care.

Diagnostic models have historically pathologised transgender people by labelling their experiences as mental disorders, and pathways to gender-affirming medical care have historically “gatekept” access to treatment by requiring trans people to prove they were “trans enough” by meeting specific milestones and criteria. In contrast, the WHO has recently sought to depathologise transgender people in the ICD-11 by moving ‘gender incongruence’ outside the purview of mental health disorders, and New Zealand, Australian, and international guidelines now recommend an informed consent model, which focuses on the right of the individual to the self-determination of gender.

Aims: We will discuss the importance of informed consent as the central model for psychologists, in the context of relevant codes of ethics, best practice, and legislation. We will discuss the tensions of adhering to an informed consent model when working within systems that may prioritise gatekeeping models.

Methods: This brief topical overview will be presented orally, with an accompanying written version for anyone who would like to reference the material later.

Learning Objectives: To understand the history of transgender care, including the history of psychologists in trans healthcare, diagnostic trends, and relevant legislation. To understand gatekeeper versus informed consent models of care, and the role of psychologists within a multi-disciplinary team providing gender-affirming care.

Zoe Deverick, MSc, PGDipClinPsy, Private Practice; Em Edwards, MSc, DClinPsy, Te Whatu Ora & Private Practice; Nicole Winters, MSW, PsyD, Healthcare New Zealand

Jemima Bullock (30min)

Updates in Gender Affirming Health Care in Aotearoa New Zealand and Panel discussion/Q&A

Background: Gender affirming health care is a rapidly changing area of health. With increasing numbers of gender diverse people feeling more comfortable in expressing their gender and accessing essential medical health care, we may see increasing numbers of gender diversity in our work. Transgender and non-binary people are beginning to be better represented in statistics and research. This will further guide and shift evidence-based practice, therefore this workshop and discussion will provide an opportunity to gain updates and inspiration when working with gender diverse children, adolescents, and adults.

Aims: To provide brief updates from the 2022 Standards of Care for the Health of Transgender and Gender Diverse People Version 8 and how this influences our practice in Aotearoa New Zealand. To introduce the new guidelines for Primary Health Care (in press). To share regional and national updates for support services, health pathways, and service developments for gender affirming health care, including gender affirming surgeries. To have an opportunity to reflect and consolidate the previous presentations, and a safe space to present questions to the panel.

Methods: Oral presentation, brief use of slides, questions and answer session, Panel Discussion with the presenters in the Gender Affirming Health Care Stream. Resources will be available to review, and slides with references will be shared.

Learning objectives: To be confident in being able to access updated guidelines and resources for working with gender diverse people across the life-span. To network with other clinical psychologists and health professionals who share an interest in this rewarding but challenging area of health.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

WORKSHOP: VINCENT WAIDE

SATURDAY, 10.30-11.30AM

Understanding concussion: The brain and non-brain injury factors that can occur with concussion and the role Psychologists can play in supporting full recovery

Our understanding of the neuropathology of concussion and associated conditions has developed considerably over recent years. Although there have been some positive changes, there are a number of myths and misunderstandings that continue to be entrenched within the medical and mental health systems. This misinformation not only does not support recovery, it can negatively impact on it. Although concussion is sometimes called a mild traumatic brain injury there are also multiple non-brain injury factors that in clinical practice fall under the concussion umbrella, and which tend to be responsible for the more persistent concussion symptoms (PCS). Concussion is 100% treatable and does not have to be 'the new normal', but it is important to know what to focus on when providing treatment. Clinical Psychologists can play a key role in this, including for those mental health clients where persistent concussion symptoms have also been present. The current workshop will provide an overview of the neuropathology of concussion based on up-to-date research, and will break down the other factors that most often contribute to persistent concussion symptoms. Recommendations around multidisciplinary treatment based on current empirical evidence will then be presented, including those areas where Clinical Psychology can play a key role.

I am registered Neuropsychologist and Clinical Psychologist, currently sub-contracting for two NZ wide rehabilitation services (Habit Health and Active Plus) and providing ACC neuropsychological assessments across the country, as well as concussion MDT input and neuropsychology supervising. I graduated from the University of Otago in 2005 and have been working intermittently within the concussion field for over 13 years, as well as undertaking clinical psychology and neuropsychology assessment and rehabilitation/therapy work within Corrections, Psychogeriatrics, Psychiatric acute inpatient, Neurorehabilitative, Child Development, and Neurology settings, as well as private work. I have worked under ACC contracts for Behavioural Support Services, Pain Management Services, Concussion Services, and Neuropsychology Services, and have contracted to multiple rehabilitation providers across the country.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

WORKSHOP: DRYDEN BADENOCH

SATURDAY, 11.30AM-12.30PM

Marks out of 30: appropriate use of cognitive screening tools in primary care

Background

The MMSE was a popular cognitive screening tool for 35 years, until a small fee was required for use. The MoCA was a popular alternative for the next 10 years, until paid training was required for use. The Ministry of Health now promotes the mini-ACE for cognitive screening in primary care, despite the absence of any validation studies and despite a Cochrane Review advising against such use.

What are the strengths and weaknesses of the currently available brief cognitive screening tools? How should we advise our primary care and hospital colleagues to choose between these measures? And why are they all marked out of 30?

Aims

To understand the promotion of the mini-ACE, we need to know the context for the decision. We must ensure that tools recommended to our colleagues in health care are fit for purpose.

Methods

Having reviewed the development of the MMSE, MoCA and mini-ACE, participants will consider the availability and suitability of brief measures for use in NZ. We'll then explore the mini-ACE in depth.

Learning Objectives

Participants will

1. understand the evolution of today's brief cognitive screening tools
2. know how to select the appropriate measure for their population and client
3. be able to avoid and argue against over-interpretation of test items

This 1-hour workshop is suitable for all grades and specialties, especially Clinical Psychologists with links to primary care or physical health services.

Dryden is a UK-trained Consultant Clinical Psychologist working in NZ since 2009. He led the development of the Waikato Memory Service and served on the sector advisory group for the Ministry of Health's 2013 national Framework for Dementia Care. He has just begun a PhD at Te Herenga Waka—Victoria University of Wellington focussed on Improving Cognitive Assessment Post-Stroke. He also specialises in stroke rehabilitation and dementia assessment at Te Whatu Ora—Health NZ's Whanganui Hospital.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

PANEL: MARIJKE BATENBURG & ROXIE ORR

SATURDAY, 10.30AM-12.30PM

Unmasking Autism - Takiwātanga Aotearoa

Background.

There has been an exceptionally high demand for diagnostic assessments and therapeutic interventions for adults and children that may have Autism Spectrum Condition and/or Attention Deficit Hyperactivity Disorder. There are an increasing number of clinical psychologists up and down Aotearoa NZ responding to do these assessments. Often they find themselves working in a vacuum. There is no standardised assessment process, however there are core aspects that need to be considered in the assessment that can be gained through a thorough developmental interview and the use of psychometric tools.

Additionally, there is a widening understanding of the need for more connection with other practitioners on supporting clients with autism and neurodiversity across and within the private and public sectors. The Takiwātanga Health Practitioner Network (virtual meeting 6 times a year) was set up in 2021 with two intentions – to increase the standard of knowledge and diagnostic assessment processes and intervention, and to share our collective knowledge in the complex and dynamic area of neurodiversity.

Aims

This forum is an opportunity to introduce our Takiwātanga Health Practitioner Network, and present and discuss some diagnostic assessment processes and therapeutic work in this area.

Presentations

1. Marijke Batenburg: An interactive presentation of the diagnostic assessment of adults (high functioning) followed by a facilitated discussion (40 mins 20 mins).
2. Roxie Orr: A presentation and discussion on working with young people (8-12 year-olds; mild autism) in the context of equine assisted therapy (20 mins 10 mins).
3. The Takiwātanga Aotearoa Health Practitioner's Network – what it is and how you can become engaged (30 mins).

Learning objectives

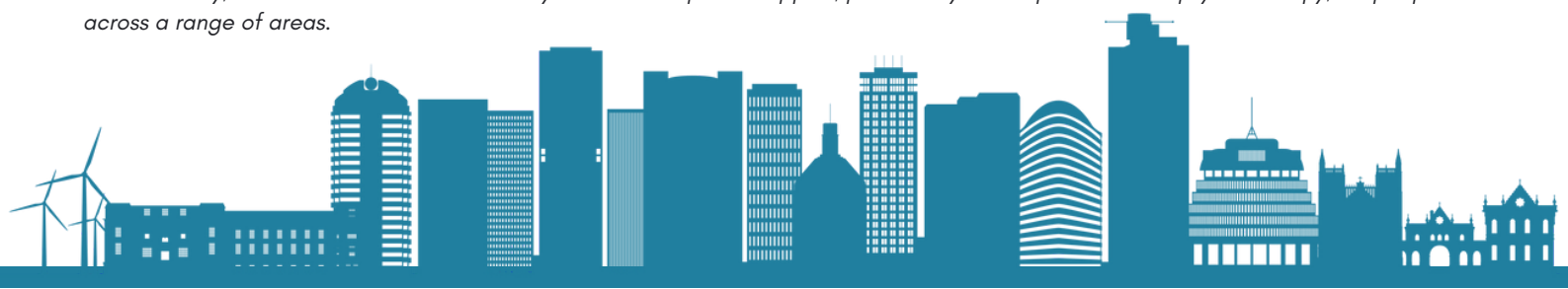
To network with practitioners working in this speciality area.

For attendees to review their diagnostic assessment practices.

To set some direction going forward for practitioners with a more comprehensive understanding of Takiwātanga / autism / neurodiversity in Aotearoa.

Marijke Batenburg is a clinical psychologist in private practice. In the last 15 years of the 38 years as a practitioner she has developed expertise in the assessment and interventions for high functioning adults on the autism spectrum (Autism Spectrum Condition Level one mild). Marijke has undergone training in this field in New Zealand, Australia, Great Britain, Canada and the Netherlands. Today she supervises and teaches a number of practitioners in this area. Marijke is particularly interested in supporting practitioners to do robust assessments and network nationally so that they can learn from one another. Together with two other colleagues Marijke has developed the national (NZ) Takiwātanga Health Practitioners network which meets six weekly per teleconference.

Roxie Orr is a clinical psychologist in private practice for the past 20+ years with a focus on families and young people, and with an emphasis on recovery from life's difficulties and trauma. Roxie's focus across the last 15 years has included assessment around neurodiversity, and with a focus in the last 10 years on therapeutic support, particularly with equine assisted psychotherapy, for people across a range of areas.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

PAPER: ELEANOR BRITTAIN

SATURDAY, 2.30-3PM

Ko wai, ko wairua: Narratives of wairua and wellbeing

Wairua is fundamental to Māori ways of being. Narratives of wairua and wellbeing offer invaluable insights to Māori spiritual and psychological experiences. Consistent across Māori and Indigenous models of wellbeing are the themes of integration, balance, and harmony; an individual's health is embedded in the context of the environment and wider systems. Implementing Kaupapa Māori theory and a narrative approach, the research explored the ways Māori make meaning of mental distress and processes of psychological healing and recovery. Twelve Māori shared their stories and as a collection of narratives they portray rich and heartfelt experiences. The overarching narratives emphasise distress and despair as experiences of wairua, to suffer psychologically was to suffer spiritually. Equally, characteristic to healing and recovery was connectedness to and an enrichment of wairua. Healing and recovery were inherently relational; identity and meaning in life were sustained by collective connection, hope was inspired by whānau, and empowerment emerged from belonging. The narrative findings of this research make clear that wairua is integral and integrative to Māori psychological experiences. This poses pertinent questions about how we approach and allow space for wairua and spirituality in psychological practice.

Eleanor Brittain, School of Psychology, Massey University

WORKSHOP: SHAYSTAH DEAN, BEN SEDLEY & CLARE COUCH

SATURDAY, 3-3.30PM

The Spirit in Psychology: Reflections on Abrahamic faith traditions in clinical practice

This will be an interactive workshop exploring the role of faith and spirituality in mental healthcare, with a particular focus on Catholicism, Judaism, and Islam. There is increasing awareness of the centrality of Hauora Māori models of health and wellbeing (e.g. Te Whare Tapa Wha) in clinical settings, where Taha Wairua (spiritual wellbeing) is a crucial component. For many, this has provided a platform to consider the importance of the interconnectedness of the mind-body-spirit common to many indigenous cultural and faith traditions. Unique conceptualisations of the self and spirituality from the Catholic, Jewish, and Islamic traditions, that may have important implications for therapeutic engagement, will be considered. We reflect on the importance of a client's spiritual and religious context in conceptualising wellbeing, and discuss implications for cultural safety and clinical practice.

Dr Shaystah Dean practises as Clinical Psychologist in Te Whanganui-a-Tara (Wellington). With a background in general and adolescent mental health, in both the public and private sectors, her research interests include integrated psychological intervention, and disaster response. She is a Research Fellow and investigator on The March 15 Project: Impacts and Recovery

Ben Sedley is a clinical psychologist and co-founder of ACT Wellington. He has been using ACT in his practice for over 15 years, and has been trained and supervised by many of the world's leading ACT therapists and researchers. Ben has worked at Child and Adolescent Mental Health Services, in private practice with adults and adolescents, and trained new clinical psychology students at Victoria University of Wellington. Ben wrote Stuff that Sucks: Accepting what you can't change and committing to what you can which introduces ACT to teenagers and Stuff That's Loud: A Teen's Guide to Unspiralling When OCD Gets Noisy (co-authored with Lisa Coyne).

Clare Couch is a Consultant Clinical Psychologist who currently works as a Team Leader in ICAFS (Infant, Child, Adolescent, Family Service) in the Hutt Valley, Te Whatu Ora. Most of her work has been in Child and Adolescent Community Mental health services.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

PANEL: AMIE SINDEN, DR SOPHIE AMES, ROBYN GIRLING-BUTCHER, IRIS S. FONTANILLA, KATHARINE BLACKMAN SATURDAY, 2.30-3.30PM

Psychologists' response to the workforce crisis in New Zealand: Rethinking staff support

The COVID-19 pandemic has highlighted the importance of mental wellbeing and resilience within our healthcare workforce. Alongside growing challenges within our health system to recruit and retain healthcare professionals, evidence continues to mount regarding the impact of staff burnout and its effect on client/patient experience and safety. Psychologists are uniquely placed to address the need for evidence-based interventions and coherent approaches to support worker wellbeing across a range of environments.

Presenters will share their experiences in rolling out a range of staff support interventions across different regions within Te Whatu Ora, including:

- Dr Sophie Ames - The "20-minute care space", a facilitated group session that can be used in all areas of the organisation. The Care Space is designed to support connection between colleagues, and provide a protected time for staff to consider and plan for self-care.
- Robyn Girling-Butcher - Wellbeing Conversations for People Leaders, a training for managers and leaders on how to conduct wellbeing check in's with staff.
- Iris Fontanilla - "HOT Debrief" - A pilot to support our kaimahi to improve their mahi and hauora/wellbeing
- Katharine Blackman - the benefits of internally provided psychological staff support and psychoeducation vs external EAP.
- Amie Sinden - design of a comprehensive staff wellbeing framework to be embedded within a tertiary Intensive Care Unit.

Although presented by Psychologists working in mental and physical health areas, learnings and applications are relevant across multiple other settings. This is an opportunity to explore issues regarding the wider role for psychologists in supporting our colleagues and shaping the development of healthy work environments.

Dr Sophie Ames, Clinical Psychologist, Workforce Development and Wellbeing, and Diabetes Service, Te Tai Tokerau, Northland Region.
Robyn Girling-Butcher, Clinical Psychologist, Professional Leader Psychology, Te Pae Hauora o Ruahine o Tararua, MidCentral Region.
Iris Fontanilla, Clinical Lead, Psychology, Health Psychologist, Cardiovascular Services, Te Toka Tumai, Auckland, Te Whatu Ora
Katharine Blackman, Clinical Psychologist, Paediatric Department, Hauora a Toi, Bay of Plenty Region.
Amie Sinden, Clinical Psychologist, Intensive Care Unit/Te Rui Atawhai, Wellington Hospital, Ngā Puna Waiora, Capital, Coast & Hutt Valley Region



WORKSHOPS/PRESENTATIONS/SYMPOSIA

WORKSHOP: KERRY MAKIN-BYRD

SATURDAY, 2.30-3.30PM

Wise and fierce compassion for self and others: crucial clinical tools for grief, shame, and burnout

Compassion empowers people to care for others, soothe themselves, and buffers the impacts of shame, distress, and burnout (Kim & McGill, 2017; Lindsay & Creswell, 2014; Slavich, Roos, & Zaki, 2021; Weng, Lapate, Stodola, Rogers, & Davidson, 2018). Further, active compassion (Thupten, 2010), defined by a recognition of suffering and the urge to alleviate it, can be mapped closely to core flexibility processes common across third-wave behavioural interventions (Hayes, 2011). Taught by New Zealand's only certified compassion cultivation training instructor, workshop participants will complete a compassion assessment, learn clinical exercises, and discuss clinical applications. Ample time will be provided for personal reflection, discussion, and exercise adaptation for cultural and clinical considerations.

Kerry Makin-Byrd is a United States-trained clinical psychologist and Certified Compassion Educator with expertise in trauma, compassion science, and behavioral interventions. Kerry received her Ph.D. from Pennsylvania State University and advanced training at the University of California, San Francisco and Stanford University. Kerry has presented her clinical and research findings in over 50 professional and community national and international venues. Kerry currently works in Oncology and is building a private practice in Lower Hutt, Wellington. Finally, Kerry enjoys volunteering with animal welfare and tramping around New Zealand with her husband and daughter.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

PANEL: JOANNA CHAN DAMIAN SCARF, WAIKAREMOANA WAITOKI, OTTILIE STOLE, & KYLE TAN **SATURDAY, 4-5PM**

Systemic Racism in Clinical Psychology

Background: An extensive literature base evidences that the monocultural Eurocentric dominance within psychology does not produce optimal outcomes for Māori and is a fundamental barrier to the participation of Māori as psychologists, academics, students, and service users. Universities and by extension psychology programmes are agents of the Crown who are obligated to respect and implement the articles and principles of Te Tiriti o Waitangi. However, 40+ years of lack of progress to address the disparities across the regulation, training, and employment of the psychology workforce led to a claim lodged to the Waitangi tribunal in 2018.

Aims: This study constitutes a part of the Working to End Racial Oppression (WERO) project on Systemic Racism in Health Education, Training, and Practice. The focus is on the three dimensions of racism in clinical psychology in Aotearoa: its costs, systems and the potential responses that exist.

Methods: The session will begin with a 30-minute presentation that outlines findings from two different WERO studies. First study involves semi-structured interviews with taura Māori enrolled in clinical psychology training programmes (n = 19) to understand the extent of cultural responsiveness, support, disparities, and representation within programmes. The second study presents preliminary findings from the WERO study to depict the progress towards including taha Māori and cultural competency in the clinical psychology curriculum since the studies by Abbott and Durie (1987) and Nathan (1999). The rest of the session will be conducted as a wānanga that allows for a reciprocal exchange of knowledge with the attendees.

Learning objectives: Our findings indicate that while some progress is being made, more needs to be done to overturn the reliance on the performance of Tiriti policy, and diversity and inclusion policies. Our research highlights that solutions to addressing the underrepresentation of Māori across all areas of psychology must start with recognising the systems that contribute to their exclusion. By prioritising obligations to Te Tiriti o Waitangi firstly, inclusion of other ethnic groups and forms of knowledge can also be progressed and developed.

WERO researchers: Joanna Chan (PhD student in University of Otago), Damian Scarf (Senior Lecturer in University of Otago), Waikaremoana Waitoki (Senior Lecturer in University of Waikato), Otilie Stole (Senior Lecturer in University of Waikato), and Kyle Tan (Research Fellow in University of Waikato)



WORKSHOPS/PRESENTATIONS/SYMPOSIA

PANEL: A CONVERSATION WITH THE WORKING GROUP

SATURDAY, 5-5.30PM

Profession Apology to Māori

A working group, comprising representatives from the Psychologists Board, the Psychological Society and the College of Clinical Psychologists with members of the NSCBI providing advice and guidance, has been meeting monthly since June to work on and formulate an appropriate response from the three organisations for the harm described in the Wai2725 claim. The group has reviewed similar projects in US, Canada, and Australian and has reflected on what from those processes and apology formats would be useful to adapt to the NZ context. To provide the background in the apology we will reference and summarise some of these documents that have already been prepared, including the Wai2725 claim.

The group has been considering 'what might Māori need' and keeping this firmly in focus as we go through the process. An important aspect is formulating the organisations' response to the apology, i.e. what will change and what we will commit to doing differently.

There has been some discussion about what the apology itself will look like and we have reflected on the importance of and a desire to 'turn-up': not to simply put out a paper but to create the space for the process of apologising.

This project will grow in scope and offer numerous opportunities for membership engagement and as the apology is developed consultation will be sought from psychologists.

The working group will be giving a workshop at the NZCCP 2023 conference to briefly discuss the process so far. This will provide a great opportunity for feedback and discussion.

Clare Couch, Angus Maxwell, Tania Anstiss, Veronica Pitt



WORKSHOPS/PRESENTATIONS/SYMPOSIA

WORKSHOP: MELODIE BARR

SATURDAY, 4-5PM

Improving cognition and functional outcomes for people living with schizophrenia

Cognitive Remediation Therapy (CRT): An evidence-based programme to support service users improve their (neuro)cognition and daily functioning

This workshop introduces Cognitive Remediation Therapy (CRT), a practical, evidence-based, 1:1 or small group-based therapy that is leading to meaningful and rapid improvements in the functional lives of people living with psychosis, with associated increases in self-esteem and community participation for a population of service users for whom this area has often been largely ignored or not addressed.

Impairments in attention, memory, processing speed and problem-solving are common in people with psychosis and also occur with lesser severity and frequency in many other mental health and addiction presentations. Given that impairments in cognition and social cognition have a significant impact on service users' functional outcomes i.e. ability to manage independent living, participate in work, have meaningful relationships, and manage their physical and mental health needs, they are important targets for meaningful functional recovery.

The aim of this workshop is to give some background information to support the need for cognitive interventions in mental health services and then to introduce Cognitive Remediation Therapy - "an intervention targeting cognitive deficits using scientific principles of learning with the ultimate goal of improving functional outcomes" (Cognitive Remediation Expert Working Group, 2012). Service users in CRT identify meaningful individual goals where cognitive difficulties are impeding progress and then use computerized and/or paper and pen tasks to improve targeted areas of cognitive functioning. The therapy relies on massed practice to support neuroplastic change with the therapist supporting the service user to develop useful strategies, increase their metacognition (thinking about thinking) and transfer the new cognitive skills to everyday life. CRT was first delivered at Waitemata DHB in 2016 with Counties Manukau and Waikato DHBs offering programmes in 2018. CRT is now well established in these Te Whatu Ora districts and is slowly spreading nationally. This workshop will share qualitative and quantitative outcome data from the Counties Manukau programme and share the learnings that have led to a significant uptake of the programme from our Māori and Pasifika whāiora. We will discuss the training required and practical steps to setting up a programme in your area of work.

Quotes from service users who have completed the programme:

- "I'm more motivated now and I want to do well. I've got routine, I've got goals."
- "It's better because I played a game, one of the games I put to real life situations... and at work I do that now"
- "My memory is improving. I remembered this (interview). I didn't even write it down... I just remember now."

Learning Objectives:

- What is CRT? Who is it useful for?
- What is the research evidence?
- How to start developing a CRT Programme - training requirements, practical requirements
- What national supports are available to support you in this process

Dr Melodie Barr, Consultant Clinical Psychologist, Te Whatu Ora - Counties Manukau District



WORKSHOPS/PRESENTATIONS/SYMPOSIA

PAPER: ZARA MANSOOR

SATURDAY, 5-5.30PM

Symptoms or relationships? A co-design approach to find out what matters most to whānau with Child Adolescent Mental Health Services (CAMHS)

Background

How we measure the outcome of mental health interventions has important implications for evidence-based practice. There can be a mismatch between researcher or clinician agendas and what is meaningful for those using services. In child and adolescent mental health, young people's views are also often not considered. Working together with service users to define outcome measures has the potential to reduce this misalignment and ensure that interventions are providing meaningful results. Co-design is one approach to reduce this misalignment. This involves service-users working collaboratively alongside researchers or other stakeholders to come up with solutions.

Aims

This study is part of PhD research looking at an evaluation of a programme for parents of young adolescents (10-14 year olds) with Child Adolescent Mental Health Services (CAMHS). The aim of this study was to determine priority outcomes for young adolescents and parents to be included in the programme evaluation.

Methods

One group of young adolescents with CAMHS in the Wellington region and one group of parents of were recruited to take part in co-design workshops. In each group, participants identified a range of factors important to their care and then worked together to prioritise outcomes and design a measure for the trial.

Results

Parents identified that being 'more connected' to their child was their top outcome while young adolescents chose 'being listened to more'.

Conclusions

Relational measures such as connectedness are meaningful outcomes for service-users and may contrast with more standard research and clinical measures such as symptoms of illness.

Presenting author: Zara Mansoor, Clinical Psychologist & PhD Candidate, Department of Psychological Medicine and University of Otago Wellington, New Zealand.

Co-authors:

Dr Elliot Bell, Senior Lecturer, Department of Psychological Medicine and Rehabilitation Teaching and Research Unit, University of Otago Wellington, New Zealand.

Dr Sarah Fortune, Director of Population Mental Health, School of Population Health, The University of Auckland, New Zealand
Associate Professor James Stanley, Biostatistician, Biostatistics Group, University of Otago, Wellington, New Zealand



WORKSHOPS/PRESENTATIONS/SYMPOSIA

PAPER: FERNANDA MOTTIN

SATURDAY, 4-4.30PM

Understanding burnout through a Systemic and Neuroscience lens

Background: When we talk about therapist burnout and compassion fatigue it is often about the individual therapist' role to prevent it from happening. However, like any other professional, psychologists can also suffer burnout from reasons other than our clinical work, including our work environment, our managers and colleagues. The current mental health crisis and pressure on our workforce also contribute to working conditions that are conducive to burnout.

Aims: To highlight environmental working conditions that contribute to burnout, understand the implications of lack of safety in the workplace through neuroscience, and discuss strategies to address organisational burnout.

Main contributions: Increase awareness of organisational burnout and identify pathways for improvement of working conditions for Clinical Psychologists as well as opportunities for our professional development.

Conclusions: The safety of the therapy room should be extended to the safety of our workplaces and clinical psychology leadership can offer a lot of support in this area.

Dr Fernanda Mottin is a clinical psychologist currently in private practice. Her practice is informed by attachment research, neuroscience and interpersonal neurobiology

PAPER: STEPHEN KEARNEY

SATURDAY, 4.30-5PM

Military Culture and Working with NZDF

The military community comprises of a range of sub-cultures and worldviews (Abraham et al., 2015 & Westphal & Convoy, 2015), however there are also unifying elements that can influence the way service members and veterans engage in mental health care. This presentation will provide attendees with an understanding of:

- Core tenets of NZDF culture
- Myths & facts about military mental health
- How the military identity and community might support treatment

Stephen Kearney is a Clinical Psychologist and a Lieutenant Colonel with the NZ Defence Force



WORKSHOPS/PRESENTATIONS/SYMPOSIA

PAPER: LOUISE MORGAN

SATURDAY, 5-5.30PM

Wellbeing for First Responders – pilot study of Wellbeing Retreats for stress and burnout

Service personnel and first responders in Aotearoa New Zealand are commonly faced with many challenging and traumatic experiences as part of their day to day work experience. This has been even more marked during the Covid19 pandemic. Te Kiwi Māia was founded in 2009 with the intention of providing health and wellbeing services for service personnel (NZDF, Police, St John, Fire and Emergency and other emergency services) and their families. The long-term aim is a purpose-built facility that will provide service personnel with opportunities for therapeutic support for a range of needs including anxiety and depression, stress, and burnout, trauma/PSTD, and recovery from intensive traumatic community incidents. To provide services to first responders in the interim, Te Kiwi Māia, First Response Health and Albany Massey University Psychology Clinic, have partnered together to provide wellbeing retreats focusing on stress and burnout. Two one-week retreats have been provided to date, with positive feedback from participants and data suggesting promising change. Three further retreats are planned for 2023. This presentation will provide the history and development of the retreat program, outline the program details, and summarise key findings to date.

Louise is Clinic Director, Senior Clinical Psychologist at the Centre for Psychology, School of Psychology, Massey University, Albany

PAPER: VANESSA GRAY

SATURDAY, 4-4.30PM

Facial Emotion Processing and the Effect of Age

Aim

Research suggests that emotion processing becomes subject to a “positivity effect” as we age, whereby older people attend more so to positive than negative stimuli. This analysis aimed to explore this effect in participants aged 18-65 years from groups with bipolar disorder, major depression, and healthy controls.

Methods

Two data sets from studies examining facial emotion recognition (FER) were used, with participants grouped by clinical diagnosis. General linear model was used to examine the effects of age and group on three separate aspects of FER a) accuracy of recognition b) reaction time, and c) an efficiency index- examining participants’ ability to manage the competing demands of speed and accuracy.

Results

There was no significant effect of diagnostic group. Increasing age was associated with decreased accuracy for anger, fear, and sad faces, but increased accuracy of happy faces. For all emotions except for happy, increasing age was associated with slower reaction times. Finally, increasing age was associated with reduced efficiency for anger, disgust, fear, sad and surprise.

Conclusions

For negative emotions (anger, fear, and sad), increasing age was associated with reduced accuracy, efficiency, and longer latency. In contrast, increasing age was associated with increased accuracy for happy faces. Therefore, this study presents evidence of a positivity bias with increased age, which occurs regardless of a diagnosed mood disorder. This finding in groups with mood disorders is surprising given previous evidence of a negativity bias in younger people with depression. Further research regarding this discrepancy is required.

Vanessa Gray, PhD Candidate, University of Otago, Christchurch. Professor Richard Porter, University of Otago, Christchurch. Dr. Katie Douglas, University of Otago, Christchurch. Dr Christopher Frampton, University of Otago, Christchurch. William Moot, University of Otago, Christchurch.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

PAPER: CHE-WEI 'JERRY' HSU

SATURDAY, 4.30-5PM

Wellbeing for First Responders – pilot study of Wellbeing Retreats for stress and burnout

Introduction: Implicit (unconscious) bias contribute to health inequity, thereby agoincreasing patients' risk of developing various health issues. Cognitive Bias Modification for ethnic stereotype (CBM-S) specifically addresses biased interpretations of ambiguous situations involving Māori patients. Study objectives were to (i) create and evaluate source materials for CBM-S and (ii) test CBM-S' bias modification effects.

Methods: In a three-stage study, medical students (n=5) created 100 scenarios common to healthcare settings involving Māori patients (Stage I). In Stage II, the research team formatted the scenarios into standardised CBM-S format. Māori participants (n=5) and another group of medical students (n=4) rated the items based on a set of pre-defined criteria; items that reached an acceptable threshold were used in Stage III—to test CBM-S' bias modification effects against control across 59 medical students.

Results: Out of the 100 scenarios created and reformatted, 59 items were retained and used in CBM-S training; 16 items were used in measures of interpretation bias. Preliminary analysis revealed that there was no difference in interpretation bias scores across years in medicine (i.e., 2nd-6th year). Results from training showed systematic group differences favouring CBM-S in how hypothetical healthcare scenarios involving Māori were perceived by medical students. That is, following CBM-S, but not control tasks, medical students showed a reduction in interpretation bias scores. After adjusting for pre-task bias scores, students who received CBM-S training showed lower post-task bias scores than did the students in the control group.

Discussion: Our results of interpretation bias scores from a sample of 59 medical students revealed possible limitations of current bias training programmes. CBM-S may be an effective educational tool to address ethnic bias toward Māori patients, and potentially addressing biases toward other marginalized groups. Moving forward, CBM-S needs to be extended to include more sessions with follow-up assessments to test long-term effects.

Che-Wei 'Jerry' Hsu, Department of Psychological Medicine, Otago Medical School; Zaine Akuhata-Huntington, Kōhatu Centre for Hauora Māori, Otago Medical School, University of Otago

PAPER: AMY KERCHER

SATURDAY, 5-5.30PM

Investigating the impact of the COVID-19 pandemic on psychologists' professional quality of life in Aotearoa New Zealand

Psychologists are at known risk of work-related stress, secondary trauma, and burnout, due to their work with people experiencing trauma, mental health, and other difficulties. The current COVID-19 pandemic has increased stress and anxiety for communities around the world and subsequently, increased demand for mental health services. This study aims to examine the impact of COVID-19 on psychologists' professional quality of life, personal psychological symptoms, and work-related stress. It expands on previous burnout and quality of life studies amongst psychologists by further exploring the influence of COVID-19. Further research regarding this discrepancy is required.

Jodie Rahman (psychology honours student) & Dr Amy Kercher (clinical psychologist & lecturer)



WORKSHOPS/PRESENTATIONS/SYMPOSIA

WORKSHOP: ANNE HARVEY, JANE WEGGERY AND ROXIE ORR

SUNDAY, 10.30-11.30AM

Humans, Horses and Healing: Experiential Connections and Clinical Psychology

While research and the practice of equine therapy, in its many forms, has been gathering momentum in the past century, the connections with clinical psychology are in the early stages of understanding. Early exploratory research has focussed on trauma and complex trauma, particularly for young people.

The practices of equine assisted therapy are founded on the connection between mind and body, humans and horses. Equine specialists and therapists work in conjunction with clinical psychologists (and other mental health practitioners) to develop connections for the client through internal sensations, cooperative breathing, kinaesthetic interactions and meaning making for healing that integrates the experiences as self-regulated, physiological and mindful. Equine assisted therapy generally takes place in the outdoors and allows grounding and connection with the environment alongside and with horses.

There are a range of models of equine therapy, including but not limited to EQUUSOMA, Eponaquest, and the EAGALA Model. These approaches all embrace the science that humans learn best by doing and experiencing.

This workshop will offer the chance to gain insights into equine assisted therapy as it is offered locally in Pāuatahanui and Wairarapa. Jane Weggery (Eponaquest Instructor) and Roxie Orr will offer some understanding of the sensory and physiological elements of equine assisted therapy, and some applications. Anne Harvey will present the Power Tools for Living Programme run with adolescents, and based on the EAGALA model.

There will also be an opportunity for exchange of ideas and understanding of the many areas of mental health for a range of people in which equine assisted therapy can be applied.

It is anticipated that from 10am-11:30am on Monday 27 March, there will be an experiential opportunity (for a reasonable fee) for those who have attended the workshop to engage with the horses in a therapeutic context. This will be with Jane Weggery and Roxie Orr at Changing Horses: Changing Lives, 84A Flightys Road, Judgeford, Pauatahanui

<https://goo.gl/maps/XDp22r61d8NPSbu96>

Please email Roxie to express interest for planning purposes roxieorr@roxieorrpsychology.nz

Dr Anne Harvey, private practice, working with adults, young people and groups in the Wairarapa and Tararua regions. Anne is trained and certified in the EAGALA model of Equine Assisted Therapy and, with an equestrian specialist, provides EAT for individuals and groups.

Jane Weggery is a trained and qualified counsellor, social worker, and specialist equestrian therapist (Eponaquest, Eagala and Equusoma models). Jane works alongside children, young people, families and groups providing equine assisted therapy (EAT).

Dr Roxie Orr, private practice in the region of Te Whanganui-a-Tara. Roxie is trained and certified in the EAGALA model. Roxie works with Jane Weggery providing EAT for children, young people, adults, families and groups.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

WORKSHOP: TOBIAS SCHULZ

SUNDAY, 11.30AM-12.30PM

Dependency Dynamics in Therapy: Clinical and Ethical Considerations

Patients that present with dependency needs can pose a clinical dilemma for clinicians working with them, how to respond to such needs and motives in a therapeutic useful way that helps patients achieve the overarching goal of therapy- to be able to manage and their life's on their own, while simultaneously not be so rejecting and denying that turns them away before such aims can be reached. Further are dependency needs at times difficult as they also represent patients need for attachment and may also represent healthy responses in them to a supportive and nurturing therapeutic alliance. This can at times also create strong feelings and pulls from patient within therapy, often for clients that have suffered developmental and attachment trauma, that can pose significant challenges to the management of the therapeutic relationship. These aspects are further complicated by the Codes of Ethics that psychologists do not create dependency in their patients and put further pressure on the treating clinician to not misstep. We will be exploring these ethical themes in more depth to understand what exploitative or harmful therapeutic dynamics are versus what are curative and needed dynamics, dissecting them from both therapist and patient characteristics and dynamics.

The workshops aim is to explore understanding of patients need for connection and provide therapists with a broader awareness around these issues equipping them with a more robust conceptual understanding around these vital areas of clients functioning.

Presenter: Tobias Schulze, Director Talking Cure, Clinical Psychologist, MNZCCP: Over the years Tobi has found his passion working with clients that present with complex problems, recurrent mental health concerns and failed prior treatments. He specializes in complex trauma and personality disorders with a keen interest in narcissistic presentations and concerns of self-worth regulation. Tobi enjoys working from a modern psychodynamic perspective with focus on relational and interpersonal understanding. Originally trained as a Cognitive Behavioural Therapist in Germany at the Centre for Integrative Psychotherapy (CIP Bamberg), he had initially been a very keen practitioner of third wave therapies like ACT, Schema Therapy and CBASB and continues to integrate these strands of knowledge in his current work.

He immigrated to New Zealand in 2015 and worked for a few years at the community mental health services for the Hawke's Bay DHB but has since been working full time in his private practice, working mainly with ACC sensitive claims clients.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

WORKSHOP: KATE TREVES

SUNDAY, 10.30-12MIDDAY

In a tic: Working with children/young people with tics - introductory workshop

Tics are a fairly common childhood problem but for some children/young people, experiencing tics can be frustrating and it can interfere with daily activities. Tics can co-occur with other neurodevelopmental conditions such as ADHD. During the pandemic, clinicians across many countries have noticed an increase in referrals for children and young people experiencing tics and/or tic like behaviours. International guidelines recommend psychological therapies as the first line intervention for bothersome tics. Treatment and assessment pathways for this population are often not clear however, resulting in delays and confusion for children and families. Additionally, there is a shortage of therapists who are trained in effective psychological interventions in some districts.

This workshop aims to introduce participants to the background literature, assessment tools and interventions (e.g. Comprehensive Behavioural Intervention for Tics (CBIT) which incorporates Habit Reversal) for tics and tic like behaviours. Videos and case discussion will be utilised as well as presentation of background information. It will be suitable for psychologists who are new to working with children or young people with tics or are keen to increase their knowledge and skills in this area.

Kate is a Consultant Clinical Psychologist working in paediatrics at Te Whatu Ora Taranaki. Kate trained in the UK but has been working in Aotearoa for 16 years. Her background is in health psychology/persistent pain. Initially unsure of how to best help children/young people with tics, Kate has trained in this area over recent years and has presented at the Paediatric Society of NZ.

WORKSHOP: ROBYN VERTONGEN

SUNDAY, 12-12.30PM

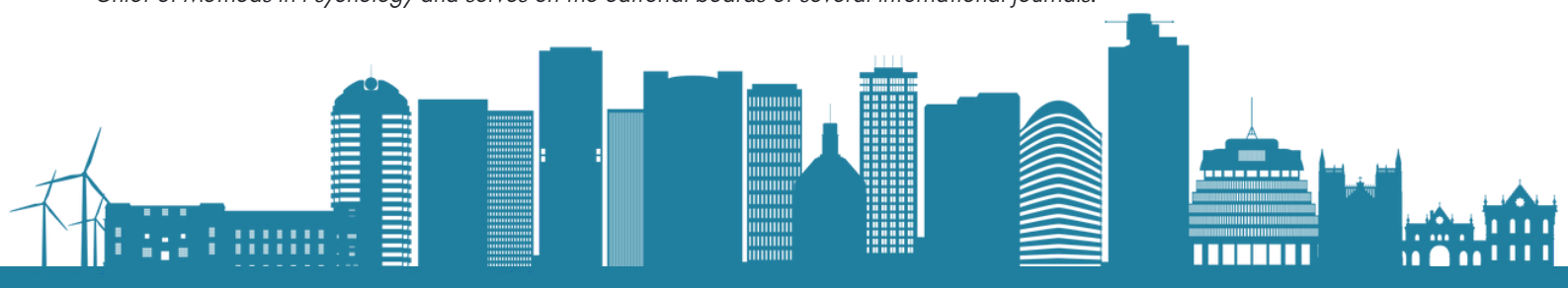
Adolescent dilemmas about viewing pornography and their efforts to resolve them

Concerns have been raised about how viewing pornography or Sexually Explicit Internet Material (SEIM) shapes adolescents' understanding of sexual relationships and the potentially negative impacts from SEIM use. However, research frequently takes a narrow view of adolescent SEIM use and excludes their understandings. The present study explored how 13 participants, aged 14-15 years, made sense of their experiences with SEIM. In-depth individual interviews were conducted, and five dominant dilemmas faced by participants were abstracted using interpretive analysis. We discuss how these dilemmas were negotiated by adolescents using various strategies. The analysis provides new understandings on how adolescents interpret their SEIM experiences and highlight the limitations of understanding SEIM use solely through risk models. On a practical level, these findings can inform youth, parents and caregivers, and professionals as to how they might understand and help young people navigate the complex area of SEIM.

Robyn Vertongen <https://orcid.org/0000-0001-5750-3934> is an academic clinical psychologist who has over 25 years clinical experience and has a particular interest in adolescent issues. Robyn is currently completing her PhD on 'Understanding how adolescents make sense of sexually explicit internet material'.

Clifford van Ommen, <https://orcid.org/0000-0001-8460-3818> is a Senior Lecturer with recent co-authored publications in the areas of racist discourse, student mental health services, embodiment, precarity, and critical neuroscience.

Kerry Chamberlain <https://orcid.org/0000-0002-1011-4293> is Emeritus Professor of Social and Health Psychology at Massey University and Adjunct Professor and Senior Research Fellow at Te Herenga Waka, Victoria University of Wellington, New Zealand. He is Editor-in-Chief of Methods in Psychology and serves on the editorial boards of several international journals.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

WORKSHOP: EMILY COONEY

SUNDAY, 10.30AM-11.30AM

Readiness and dialectical change in PTSD treatment

Supporting whānau experiencing post-traumatic stress disorder (PTSD) to take up the challenge of participating in a focussed intervention is often a major challenge. Current PTSD treatments accepted by western scientific principles as 'evidence-based' are trauma-focussed CBT (particularly prolonged exposure and cognitive processing therapy), and eye-movement desensitisation reprocessing (EMDR, Lewis, Roberts, Andrew, Starling, & Bisson, 2020). Metanalyses indicate that these interventions appear to have similar efficacy (Bisson, Roberts, Andrew, Cooper, & Lewis, 2013; Lewis et al., 2020).

However, as one treatment developer has noted, the idea of an intervention which often asks individuals with PTSD to do the opposite of what has helped them cope with the consequences of trauma for so long, is akin to 'asking a cat to swim' (Harned, 2022 p.64).

Individuals with severe PTSD often present with high-risk behaviours that are impulsive, pervasive, and function to reduce the immediate pain associated with PTSD symptoms. These behaviours often maintain those symptoms, and obstruct treatment. This can feel like an impossible catch-22, where the very suffering they are seeking to relieve becomes the barrier to even beginning the process of intervention. For service users and providers alike, the gap between where the person is, and where they need to be to begin treatment can feel like a gaping chasm. Similarly, once a person begins treatment, bridging the gap between behaviour change, and shifts in the emotions and core beliefs that also maintain complex PTSD can be difficult and time-consuming. This is particularly challenging when the individual with PTSD thinks that beliefs that fuel shame, self-hatred, and avoidance are shared by the broader social context.

Recent advances in offering PTSD treatment to individuals with multiple complex psychological problems and high-risk behaviours (Bohus et al., 2020; Harned, 2022) have been game-changers in this field. This 2-hour workshop focusses on the application of principles of the prolonged exposure protocol for dialectical behaviour therapy (DBT-PE) to working with individuals with complex PTSD for (1) helping them to prepare for PTSD treatment and (2) amplifying reciprocal learning from new behaviour in our communities. It is likely to be most relevant to practitioners working with ACC sensitive claimants, but is also applicable to practitioners working in other contexts that involve complicated trauma and impulsive behaviour.

Dr. Emily Cooney is a clinical psychologist with specific expertise in research and therapy with emotionally dysregulated and suicidal whānau. Emily has completed evaluations of Dialectical Behaviour Therapy approaches for men who have problems with anger, and for NZ suicidal adolescents and families in Aotearoa.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

PAPER: EMILY COONEY

SUNDAY, 11.30AM-12MIDDAY

What does it take to stop hitting home? Voices of family violence

Family harm and suicidal behaviour have significant and wide-ranging impacts on whānau and communities in Aotearoa. This presentation will describe the quantitative and qualitative findings of a study which focussed on understanding more about these phenomena, with the aim of designing and evaluating intervention processes that are more responsive to whānau with lived experience of family violence and suicidal urges. This is a prelude to assessing whether DBT skills have anything to offer whānau experiencing these issues. This work is a collaborative initiative (Āhurutia te Pā Harakeke) between researchers and practitioners at Otago Medical School at Wellington, Kaitiaki Research, Massey University, Te Whānau Ō te Maungarongo in Lower Hutt and Tauawhi Mens Centre, and Manaaki Tairāwhiti in Gisborne.

Dr. Emily Cooney is a clinical psychologist with specific expertise in research and therapy with emotionally dysregulated and suicidal whānau. Emily has completed evaluations of Dialectical Behaviour Therapy approaches for men who have problems with anger, and for NZ suicidal adolescents and families in Aotearoa.

Dr Michael Roguski is of Te Atiawa and Tu Wharetoa descent. He is regarded as an expert in family violence research and evaluation, having carried out a wide range of victim and perpetrator-focused studies. Michael also maintains a national overview of emerging family violence trends through his membership of the Family Violence Death Review Committee.

Dr. Simon Bennett is of Ngāti Whakaue (Te Arawa), Patu Harakeke (Ngā Puhī), and Kāti Waewae (Kai Tahu) descent. He is a clinical psychology researcher and practitioner with specific expertise in the adaptation of Cognitive Behavioural Therapy for Māori, and using quantitative and qualitative analysis to explore treatment effectiveness. He has extensive experience working cross-culturally in Kaupapa Māori Mental Health in New Zealand.

Dr. Fairleigh Gilmour is an expert in Criminology and Gender Studies with extensive experience engaging with marginalized communities (including IV-drug users, people who have experienced violence; people navigating mental health issues; and criminalized people). They specialise in engaging with qualitative interviewing methodologies on sensitive topics.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

PAPER: MARY BUCHANAN

SUNDAY, 12-12.30PM

The role of social support in reducing the long-term burden of cumulative childhood adversity on adulthood internalising disorder.

Purpose:

The impact of social support as a resilience factor to childhood adversity is understudied. The aim of this present study was to examine how social support mediates the impact of cumulative exposure to adversity in childhood on internalising disorder in adulthood.

Methods:

The Christchurch Health and Development Study (CHDS) is a general population birth cohort, born in 1975 and representative of Christchurch, New Zealand at the time of the cohort's birth. The present study used the generalised estimating equations (GEE) framework to analyse direct relationships between a cumulative measure of childhood adversity (CA) and internalising disorders (major depression, and any anxiety disorder), and indirect relationships through social support.

Results:

Results indicated a dose-response relationship between increased exposure to CA and worsened odds of a diagnosis for major depression and any anxiety disorder, respectively. There was a significant mediating effect (OR = 0.98, $p < .001$) of social support on the direct relationships between CA and both major depression, and any anxiety disorder.

Conclusion:

Social support reduces the impact of childhood adversity on adult mental health, and is therefore a target for future work examining potential interventions following CA. However, the small magnitude of effect suggests that social support may not work alone, and future research is needed to examine the importance of reducing childhood adversity itself, as well as enhancing resilience in other ways.

Mary Buchanan, PhD Student, Department of Psychological Medicine, University of Otago, Wellington; Associate Professor Giles Newton-Howes, Department of Psychological Medicine, University of Otago, Wellington; Ruth Cunningham, Department of Public Health, University of Otago, Wellington; Geraldine FH McLeod, Department of Psychological Medicine, University of Otago, Christchurch; Professor Joseph M Boden, Director, Christchurch Health and Development Study, Department of Psychological Medicine, University of Otago, Christchurch.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

WORKSHOP: GISELLE BAHR

SUNDAY, 10.30-11.30AM

Diagnosis: Does it Help or Hinder?

This workshop will challenge you to think about diagnosis in 2023. It will introduce you to new ways of conceptualising people's struggles, with brief practical exercises in which you can try using alternative frameworks. Nearly a billion people around the world live with a diagnosable mental disorder (WHO, 2022). In New Zealand, rates of distress are increasing, especially amongst 15-24 year olds (Wilson & Nicolson, 2020).

Diagnosis is required of clinical psychologists working in most settings. But problems with the reliability and validity of diagnoses have been highlighted by many (Hengartner, 2022; Johnstone, 2014).

How we think about distress determines how we do therapy. Although psychologists are required to use diagnostic frameworks, many are frustrated by their limitations, and find that frameworks can impact therapy in ways that have unintended negative consequences for the people we work with. In this workshop, we will introduce recent academic critiques of diagnostic frameworks, and explore the practical implications for your therapeutic practice.

Giselle Bahr has long been interested in understanding distress in context. Giselle works as a clinical psychologist in private practice in Te Whanganui-ā-tara/Wellington. Before that, she worked in Child and Adolescent Mental Health Services, in NGOs, and at a university training clinical psychologists. She provides therapy, supervision, training and courses through www.bahr.net.nz and www.actwellington.co.nz.

Jeltsje Keizer is a social worker who is passionate about understanding and mitigating the environmental causes of mental distress. Her areas of interest include working with people who struggle with intense emotions, self-harm, suicidal behaviours and trauma responses. She provides therapy, supervision, consultations and teaching to clinicians. She is currently the team leader of Ngā Tai Oranga, a small team in CCDHB Mental Health Service.

WORKSHOP: JESSICA MUELLER

SUNDAY, 11.30AM-12.30PM

The role of psychologists in providing mental health services in corrections

Historically, external services have provided mental health services within the Department of Corrections in Aotearoa. Within the last few years, the Department of Corrections has developed a mental health service to function within the prison setting known as the Intervention and Support Practice Team (ISPT). The ISPT is a multidisciplinary team and works with external and internal stakeholders to provide short-term and long-term interventions for people in care. Psychologists working in corrections are known to provide offense-based treatment, however, the psychologists on the ISPT focus exclusively on mental health and well-being. In this panel, psychologists working in the ISPT aim to provide a focused overview of this new role as well as the ethical and legal challenges. Attendees will have the opportunity to interact with the panel. Attendees will have a better understanding of the role of psychologists working in mental health in the Department of Corrections, how services have been streamlined, and how stakeholders work together.

Jessica Mueller, Clinical Psychologist, Department of Corrections: Ara Poutama Aotearoa; Emma Yeadon, Psychologist, Department of Corrections: Ara Poutama Aotearoa; Kirsten Robertson, Clinical Psychologist, Department of Corrections: Ara Poutama Aotearoa; Zillen Roos, Clinical Manager, Department of Corrections: Ara Poutama Aotearoa; Tash Wilkinson, Counselling Psychologist, Department of Corrections: Ara Poutama Aotearoa.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

WORKSHOP: BEN SEDLEY

SUNDAY, 2.30-3.30PM

Stuff that's Stuck: ACT for Difficult to Engage Teens

In this workshop, you will learn how to apply ACT principles in working with the most difficult to engage teens. Attendees will reflect on their own responses to these clients, then the workshop will draw on didactic and experiential teaching to review the Relational Frame Theory theoretical framework for understanding the difficulties teens are facing and practical ideas on how to engage them and their families.

Educational Objectives:

1. Consider the family, school and online contexts that our young people are navigating.
2. Describe how to incorporate systemic factors into your formulation.
3. Describe how to use the principles of Observe, Describe and Track to meet teens at their level.

*Ben Sedley is a clinical psychologist and co-founder of ACT Wellington. He has been using ACT in his practice for over 15 years, and has been trained and supervised by many of the world's leading ACT therapists and researchers. Ben has worked at Child and Adolescent Mental Health Services, in private practice with adults and adolescents, and trained new clinical psychology students at Victoria University of Wellington. Ben wrote *Stuff that Sucks: Accepting what you can't change and committing to what you can* which introduces ACT to teenagers and *Stuff That's Loud: A Teen's Guide to Unspiralling When OCD Gets Noisy* (co-authored with Lisa Coyne).*

WORKSHOP: CODE OF ETHICS REVIEW WORKING GROUP

SUNDAY, 2.30-3.30PM

Rewriting the Code of Ethics (COE) - Your Chance to Comment

The Code of Ethics for Psychologists Working In New Zealand / Te Tikanga Matatika is now over 20 years old and needs revision and updating it so that it is fit for purpose for psychologists practicing now and into the future. Representatives from The NZ Psychologists Board, The NZ Psychological Society, the NZ College of Clinical Psychologists, He Piaka Totara, and Pasifikology have formed to revise the COE. Surveys of all New Zealand psychologists and other discussions are guiding this development. A major rewrite of the COE is planned so it better facilitates psychologists in undertaking ethical, equitable, and culturally safe practice, and so it more strongly incorporates the values and world view of Te Ao Māori. This workshop will briefly discuss steps in the development of the new COE so far, outline the values that will underpin it, and discuss the development process going forward. Most of the session will be for feedback and discussion.

Malcolm Stewart, Angus Maxwell,



WORKSHOPS/PRESENTATIONS/SYMPOSIA

WORKSHOP: PENNY KOKOT-LOUW

SUNDAY, 2.30-3.30PM

"We don't talk about Bruno": Fear of fat in psychological practice.

Background: Fat. Fatness. Words that many consider rude and shameful. But what does this say about how we think and talk about larger bodies in society – and psychology? People in large bodies encounter stigma and discrimination in all sectors of society, including health care. Size-based bias also intersects with other forms of appearance bias, such as gender and race. While psychologists are tentatively starting to understand that it is important to explore their clients' experiences of race- and gender-based discrimination in treatment, results from my doctoral research indicate that clients' bodies, especially bodies that do not conform to societal expectations, remain largely a taboo subject in the therapy room. When this is considered, it is often through the lens of poorly-understood and contested assumptions about the dangers of "obesity." Psychologists struggle not only with finding appropriate language and conceptual frameworks for discussing fat bodies and the experiences of fat clients, but also with conflicting messages about what it means to be fat in a fat-phobic and health-obsessed society.

Aims: Psychologists in general practice encounter people in large bodies every day, and have a significant role to play in either supporting or opposing harm associated with appearance-based stigma. Reflecting on how we position ourselves in our thinking and talking about body size is therefore important to ethical and professional practice. This workshop aims to help clinicians develop helpful ways for thinking and talking about fatness, and to help address appearance-based stigma and discrimination in their clinical practice.

Methods: The workshop will balance a critical approach with respectful and sensitive engagement. Participants will be introduced to current discourses on fatness, and considered in terms of the intersection with race and gender as sources of stigma and discrimination, with similar origins and implications. Participants will be encouraged to reflect on their own relationship with their own and their clients' bodies, will critically consider the intersections between bodies and societal values, the meanings of health, and the ways they talk with clients about bodies, health and wellness. Participants will explore approaches to the everyday work of a therapist to help them feel better equipped to talk about fatness and fat bodies, and to help address appearance-based prejudice.

Learning objectives

- Participants will have a greater understanding of the development of current negative views of large bodies, both in wider society and in the health sector.
- They will have insight into contested concepts around fatness in health, including common taboos and taboo avoidance in therapy.
- Participants will be introduced to tools to critically consider how their own views on bodies are formed, and how to identify and respond to appearance-based stigma and bias.
- Participants will have resources to start engaging differently with meaning-making around bodies, especially bodies that are subject to appearance-based stigma.

Penny Kokot Louw, DHIth candidate (School of Nursing, Midwifery and Health Practice, VUW), MA Clin Psych (Distinct.), MNZCCP. Her clinical training at the University of South Africa was primarily in systemic therapy, critical and postmodern approaches, and since then she has worked in areas as diverse as neurodevelopmental and school psychology, medical and health psychology, perinatal mental health and the assessment and treatment of people with high and complex mental health needs, and private practice. Penny has lived and worked in New Zealand for 14 years, and currently works as a clinical manager in a large organisation. She is currently entering her fourth year of a Doctor of Health degree at Victoria University of Wellington, which she hopes to complete in the next year.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

WORKSHOP: JESSICA STUBBING & KERRY GIBSON

SUNDAY, 3.30–4.30PM

Youth-Informed Clinical Practice: A practical workshop guide to working effectively with young people.

Background: Young people within Aotearoa have some of the highest mental health need, and services for youth are stretched thinly. When resources are stretched it is particularly important that our engagements with young people are effective and support their desire to continue engaging with the mental health sector. Evidence from research and clinical experience consistently demonstrates that the clinician and the therapeutic alliance between a clinician and their client are some of the most important factors in determining how young people engage in, and sustain their engagement with, mental health treatment. Young people consistently describe clinician features as some of the most helpful aspects of their treatment. Additionally, empirical evidence suggests that young people who do not connect with their therapist or who experience issues within the clinical relationship are the most likely to drop-out of treatment early. Young people are most likely to engage and sustain their engagement with clinicians who practice in a youth-informed way. Feedback informed practice, grounded in the perspectives of our clients, is one of the most effective approaches by which we can improve our engagement with young people – reducing drop out rates and improving the efficacy of the treatments we provide. Understanding a youth-informed approach is key to improving our work with and outcomes for young people in Aotearoa. Research from within Aotearoa, including one study we will present conducted with 94 young people around the country, suggests there is an Aotearoa specific approach to youth-informed clinical practice – centred on being a person young people relates and connects to, who protects their space, treats them as an equal, and works in the right way for individual young clients.

Aims: This workshop aims to introduce practicing clinicians to the principles of youth-informed clinical care within an Aotearoa context. We will particularly emphasize translating these principles into clinical practice. By the workshop conclusion, participants will be able to:

- 1) Describe why young people benefit from different models of clinical practice,
- 2) Understand the principles of youth-informed clinical practice in a global and the Aotearoa context,
- 3) Apply youth-informed principles to the formulation and treatment planning of clinical cases,
- 4) Discuss the challenges and benefits of implementing youth-informed practices in clinical care within their professional practice,
- 5) Reflect on the effective integration of youth-informed principles within their context and their own personal therapeutic style.

Methods: This workshop is an interactive, hands-on experience. The workshop opens with a presentation on youth-informed clinical practice. This will be followed by small and large group work, practicing applying a youth-informed lens to mock cases and examples from their personal working experience. Participants will engage in collaborative discussions drawing on their shared expertise, and complete personal reflections on their current and future practice.

Jessica Stubbing, research fellow at Kōi Tu: The Centre for Informed Futures at the University of Auckland; Kerry Gibson, associate professor in the School of Psychology at the University of Auckland



WORKSHOPS/PRESENTATIONS/SYMPOSIA

WORKSHOP: ANN CONNELL, FREDA WALKER, SHIRLEY-ANN MARITZ, FRAN VERTUE, LIZ WAUGH, NIKKI REYNOLDS SUNDAY, 3.30-4.30PM

Demystifying Conduct, Competence and Fitness

Have you ever wondered how it all works? Been curious about what happens after a complaint is made about a psychologist, or a notification of competence or fitness concerns? Then this is the workshop for you! The workshop will cover the processes and systems involved in a Professional Conduct Committee, Competence Review, Board Ordered Supervision or a Fitness notification. Psychologists who have investigated a complaint on behalf of the Board, or conducted a competence review will discuss their experiences before answering questions pertinent to these processes and learnings, in a panel format. This workshop will suit attendees who are interested in undertaking some of this work, or those who simply want to know more.

Freda and Shirley-Ann are Wellington based psychologists who have been on recent Professional Conduct Committees carrying out investigations for the Board. Freda has worked in public mental health services and private practice and has served on the Psychologists Board and the Health Practitioners Disciplinary Tribunal. Shirley-Ann studied law and psychology in South Africa before moving to New Zealand where she has worked in the public sector and private practice.

Fran and Liz are Christchurch-based psychologists who have done Competence Reviews on behalf of the Board and provided board-approved supervision. They have both worked for the Department of Corrections and for Canterbury University, where they both trained, and are now in private practice.

Nikki and Ann are Wellington based psychologists, Nikki worked for the Department of Corrections and Ann worked for DHBs prior to taking up roles as Psychology Advisors to the NZ Psychologists Board.

PAPER: SUE GALVIN

SUNDAY, 3.30-4PM

What's all this about parts?

A rise in awareness of trauma and dissociation has seen many of us supplement our original clinical training with exposure to a range of trauma treatment modalities, some of which rely on some sort of concept of parts of the personality. Although I am expert in none of these, I hope to provide an introduction to the use of parts in some therapies for those who are new to this kind of work, and give people some places to look if they are interested in learning about parts. I will discuss how I have integrated parts work into my use of acceptance and commitment therapy

Dr Sue Galvin is a clinical psychologist in the Adult Community Service, Te Whatu Ora, Waitaha

PRESENTATION: HAIDEE WESTWATER & CLARE COUCH

SUNDAY, 4-4.30PM

Pākehā psychologists talking about racism - impacts on our practice

As Pākehā Psychologists working in Aotearoa we are required to be culturally competent in our practice and to continue to develop this in our practice. But what does this mean and how do we do this in a meaningful way? In this presentation we will reflect on how we, Pākehā psychologists can talk about racism, start to recognise and address this, learn how to be good partners to Te Tiriti o Waitangi, and to be culturally competent practitioners. We will invite discussion from participants and discuss recent research that can inform our practice.

Haidee Westwater is a Senior Consultant Clinical Psychologist working in the Early Intervention Service, Wellington, Te Whatu Ora.

Clare Couch is a Consultant Clinical Psychologist working in the Infant, Child, Adolescent, Family Service, Hutt Valley, Te Whatu Ora.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

PAPER: ELLIOT BELL

SUNDAY, 2.30-3PM

Factors influencing recruitment to real-world psychological therapies research

Background

A randomised controlled trial (RCT) of EMDR for PTSD in forensic clients with severe mental illness (SMI) was recently completed by this research group. While successful, the trial was subject to under-recruitment. This common problem in RCTs is particularly concerning when it compromises research into effective treatments for mentally disordered offenders, a population of highly disabled, vulnerable and traumatised mental health service users.

Aims

To explore the reasons for under-recruitment; in particular, to identify the barriers and facilitators to clinicians referring their clients to an RCT in their service setting.

Methods

A qualitative description design was used. We interviewed 11 Forensic Service staff (6 psychiatrists, 3 clinical psychologists, and 2 mental health nurses) who all had the opportunity to refer service clients to the trial. Data were analysed thematically.

Results

Six variables were identified as influencing clinicians' likelihood of referring potential participants. These were referrers' (1) ability to find eligible clients; (2) appraisals regarding the appropriateness of EMDR for eligible clients; (3) relative prioritisation of trauma treatment and research; (4) degree of focus on other work; (5) perceptions of the effectiveness of communication from the researchers; and (6) level of support for research and the researchers.

Conclusions.

These findings illustrate the need to use comprehensive communication strategies to promote trials in real world mental health services, while at the same time highlighting that systemic issues, particularly general workload, can compromise clinicians' capacity to engage fully in promoting trial participation to their clients, even when they strongly support a research project.

Dr Elliot Bell, Department of Psychological Medicine & Department of Medicine, University of Otago, Wellington; Professor William Levak, Department of Medicine, University of Otago, Wellington; Dr Tom Flewett, Department of Psychological Medicine, University of Otago, Wellington; Dr Denise Steers, Department of Psychological Medicine, University of Otago, Wellington; Dr Shaystah Dean, Department of Psychological Medicine, University of Otago, Wellington; Dr Oliver Hansby, Department of Psychological Medicine, University of Otago, Wellington, Mental Health, Addiction and Intellectual Disability Services, Te Whatu Ora Health New Zealand, Capital, Coast and Hutt Valley



WORKSHOPS/PRESENTATIONS/SYMPOSIA

PAPER: NICK LAURENCE

SUNDAY, 3-3.30PM

Introducing and Metabolising Bigger-than-Self Distress: A Potential Contribution from Psychology to Individuals Responding to Environmental and Social Issues

As climate change and other existential-level social and environmental issues have intensified, so too have rates of mental distress syndromes related to said issues, such as eco-anxiety, ecological grief, and eco-anger. As rates of affective polarisation on political and scientific topics have increased in society, research indicates increases in these being discussed in therapy. In the current theoretical work, bigger-than-self distress is a proposed construct for mental distress involving bigger-than-self themes. Mindfulness- and parts-based psychological interventions are proposed as a means of assisting clients with metabolising such distress and developing the embodied embedded capacity to enact wise responses within one's socio-ecological niche. A corresponding cognitive scientific paradigm of nondual enactive wisdom development is suggested to accompany these applied practices. This enactive cognition paradigm allows for cognitive behavioural therapies to be broadened and deepened to include agent-environment interactions on a larger scale, and see the individual within the system and the system within the individual in a way that is consistent with yet significantly evolves the existing cognitive behavioural tradition and third wave of mindfulness and acceptance based approaches. Metabolising bigger-than-self distress involves working with parts of the individual's system enacting psychological patterns that mirror the cultural patterns at the root of bigger-than-self issues, and undoing the self-deceptive loops at the core of these. This way of working offers individuals the capacity to increasingly enact ways of being in the world that offer creative, wise, aligned alternatives to (culturally normative) ways of being that contribute to bigger-than-self crises and distress.

Nick Laurence is a Clinical Psychologist based in Tākaka, Golden Bay. He works at Te Whare Mahana Residential DBT Service and one day per week in private practice. His doctoral research focused on bigger-than-self reality distress, a construct that points to mental distress related to climate, ecological, and societal issues, and how therapists and other mental health professionals and coaches can use cutting edge enactive psychological practices to help themselves and their clients metabolise and transform such distress into the capacity to act in their socio-ecological niche(s) in ways that align with wisdom. More of his writing can be found at www.biggerthan.substack.com.

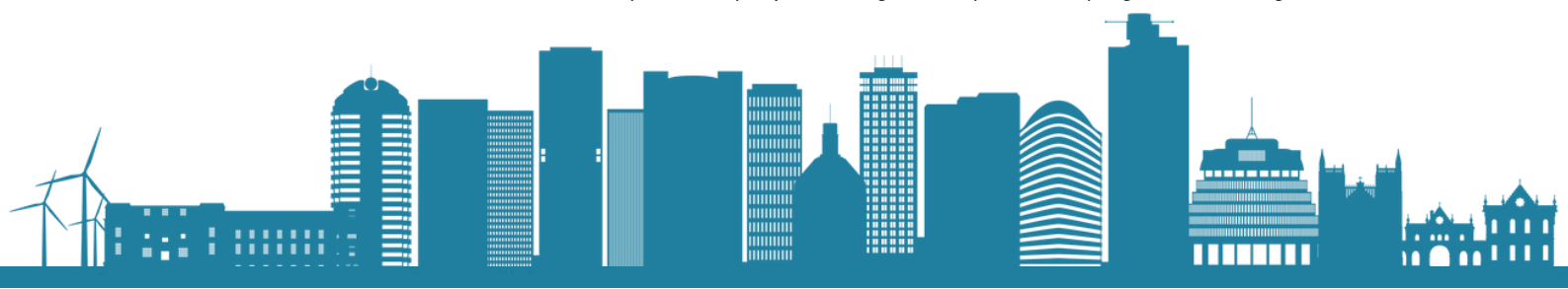
PAPER: JOHN BUSHNELL

SUNDAY, 3.30-4PM

Kia whakatōmuri te haere whakamua: 'I walk backwards into the future with my eyes upon on my past'

Drawing mainly upon the experience of having been a participant observer, I will focus upon selected issues for clinical psychology as a profession, considering where we are from, where we are now, and what challenges await us in the future.

Professor John Bushnell was a founding member and is a Fellow of the New Zealand College of Clinical Psychologists. He worked clinically in the interface between psychology and medicine in the medical and surgical services of general hospitals, whilst working in the University of Otago School of Medicine and Health Sciences for two decades, before moving to Australia in 2005 to lead the establishment of a new rural medical school at the University of Wollongong. His research interests have focused on the epidemiology of mental disorders and management of psychological issues in primary care, and he has supervised many doctoral students completing their research and practical training in clinical psychology. He has held numerous advisory roles to health and government agencies, and previously served three terms on the NZ Psychologists Board, most recently as Chair of the Board. Until recently he was a longstanding member of the Board of Directors of CASA, a not-for-profit company delivering suicide prevention programmes throughout New Zealand.



WORKSHOPS/PRESENTATIONS/SYMPOSIA

PAPER: JOHN FITZGERALD

SUNDAY, 4-4.30PM

Mentally Healthy Work: Insights and practice.

Under the Health & Safety at Work Act 2015 businesses have a clear legal obligation to prevent harm to both the physical and mental health of their workers. Good work is good for workers, good for businesses, and for the community. However, it is only recently that these truisms have been widely accepted and have started to drive health and safety systems and practices in the workplace.

We have reliable data on the high level of bullying and harassment, and high exposure to psychosocial risks at work. This presentation will explore the most recent data from WorkSafe New Zealand on psychosocial risk exposure, exposure to offensive behaviours, wellbeing and workplace climate. The impact of these data on informing WorkSafe's approach to supporting mental health at work will be outlined.

We know that workers who stop work because of mental harm are away from work for longer periods of time, and find it harder to return to work than those who have been physically harmed. We also know that it is not only the worker who experiences the harm. For example, we now have a better understanding of the negative impacts on work colleagues, family and other social contacts of those who experience high stress at work. What we are less clear about is what works to support the mental health and wellbeing of workers, as we move beyond wellbeing apps and yoga at lunchtime, and into systems of work and designing work for mental wellbeing.

The traditional role for psychologists in the workplace has been in support of People & Culture functions (human resources) rather than Health & Safety. However, with the more recent emphasis on wellbeing there are opportunities for clinical psychology to have an impact on mental health at work, and the design of mentally healthy work.

Dr John Fitzgerald, Manager - Mentally Health Work, WorkSafe New Zealand -- John leads the team at WorkSafe focused on Mentally Healthy Work. His role is to provide national evidence-based leadership and advice on mentally healthy work programs, innovations, assessment, and intervention. John is a New Zealand Registered Clinical Psychologist who has worked in adult mental health, alcohol/drug services, and child & family psychological health. He is an Adjunct Senior Lecturer in Clinical Psychology at Massey University and a Fellow of the NZ Psychological Society



POSTER PRESENTATIONS

Poster presenters have been asked to be by their posters to discuss them on Saturday and Sunday, 12.30-1.30pm

ANDRE MASON

High risk or Risky highs: Understanding the impact of alcohol and cannabis on the suicidal trajectory among Australian men

To combat the rising levels of mental health distress in university students, it is important to understand students' perceived barriers towards seeking help. While the perceived stigma associated with seeking help is commonly discussed, contemporary research indicates that other more nuanced barriers may account for a lack of help-seeking behaviours in students. 379 undergraduate psychology students completed measures related to depression (Patient Health Questionnaire-9) and stigma (Stigma Scale for Receiving Psychological Help for Personal Counselling), and single items related to their help-seeking behaviours. Only 15.0% of students said they would definitely go to student health, with a further 33.5% saying they probably would go. Furthermore, only 14.5% said they definitely would go somewhere else for help (e.g. GP, religious advisor, mental health professional), with a further 31.9% say they would probably go. Overall, students tended to disagree that stigma prevented them from seeking help. Instead, for students who did not say they definitely would seek support from student or another professional, the primary barriers were the belief that their problems were not severe enough to warrant support, that they would prefer to manage their troubles by themselves, and that support services were too expensive. Thus, while stigma may contribute to student's lack of help-seeking, a lack of mental health literacy and perceived cost of support may be stronger predictors of a lack of help-seeking behaviours. More targeted interventions that focus on helping students to identify when to seek help and the processes involved to get help may be warranted, therefore.

Andre Mason, University of Otago; Benjamin C Riordan, La Trobe University; Kirsten Morley, University of Sydney; Taylor Winter, University of Canterbury; Paul Haber, University of Sydney; Damian Scarf, University of Otago



POSTER PRESENTATIONS

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ELLA HALL & GABRIELLE BISSEKER

Development of the First Neonatal Psychology Service in Aotearoa

BACKGROUND: Parents of pēpi in neonatal care have been widely shown to have significantly higher rates of mental health challenges compared to the general population. Despite this, no neonatal specific psychology service existed in Aotearoa until this year.

AIM: The Neonatal Intensive Care Unit (NICU) in Waitaha/Canterbury is a 44-bed facility offering full medical and surgical care. Following a gap analysis, funding was received for 1 Full-Time-Equivalent Psychologist. Development of the first neonatal psychology service in Aotearoa commenced in January 2022.

MAIN CONTRIBUTIONS: Initial development of this service included ward orientation, literature review of international guidelines for NICU psychology practise, and liaison with existing perinatal services nationwide. Preliminary referral criteria were developed and pertained to the impact of neonatal admission on parental wellbeing and the dyadic relationship. Over 200 referrals were made to date, with the majority related to maternal coping and adjustment. On average, referrals were made on day 8 of admission, most commonly by the Social Work team. Majority of pēpi referred identified as NZ European (68%) followed by Māori (24%).

As expected, several challenges with development of the psychology service were encountered and continue to be a focus. These include establishing psychology within the multidisciplinary team, environmental conditions, bicultural practise, COVID-related restrictions, note storing procedures in health records, service provision to fathers, staff psychoeducation to increase psychological understanding, and referral pathways to community psychology services post-discharge.

CONCLUSION: This project is ongoing as we continue to reflect, evaluate, and build an evidence-based neonatal psychology service relevant to Aotearoa.

Ella Hall, Gabrielle Bisseker, Nicola Austin, Bronwyn Dixon, Rachel Hodge, Chrissy Gregory



POSTER PRESENTATIONS

Poster presenters have been asked to be by their posters to discuss them on Saturday and Sunday, 12.30-1.30pm

PAUL SKIRROW

Memory assessment in Aotearoa New Zealand: Patterns of practice, language and cultural validity

Background and Objectives: Cognitive testing remains the most accurate way to quantitatively measure an individual's abilities, in order to detect and quantify impairment, and to inform diagnosis and treatment planning (Lezak et al., 2012). An extraordinary number of cognitive tests exists however and, since no standardised approach currently exists, test selection largely relies on the training and knowledge of the user. As a result, patterns of test usage have been shown to be highly variable, both between individuals and between nations (Pitrowski, 2017).

In New Zealand, there is currently no formalised training for Neuropsychologists, and few local 'standards' or 'guidelines' exist to inform assessment. As a result, many psychologists have adopted practices from the UK or North America, which are increasingly being understood to lack validity in the New Zealand context – particularly amongst Māori- contributing to much poorer health outcomes. Following similar survey approaches conducted overseas, the present study sought to explore current practice in New Zealand, as well as to evaluate the cultural and language appropriateness of these largely US- and UK- validated tests.

Results: 88 psychologists self-identified as regular users of cognitive tests and completed the online survey. Participants reported similar 'top test' use to those identified in other Western countries, however there were many tests, commonly used overseas, that were not utilised at all amongst the New Zealand sample. Psychologists identified some significant language and cultural issues with applying some of the most commonly used tests to practice in New Zealand.

Conclusions: Cognitive tests, particularly in the domain of auditory memory, cannot be considered to be acultural, with some notable validity issues even amongst predominantly English-speaking nations such as New Zealand. Given the significant implications for diagnosis and rehabilitation, there is a significant need for the development of culturally valid assessment measures and standards of practice.

Dr Paul Skirrow, Grace Johnstone & Katie Douglas, Otago University. Josh Faulkner, Victoria University of Wellington



POSTER PRESENTATIONS

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CLAUDIA GARCIA

“I wouldn’t know where to start”: LGBTQA+ university students’ experiences and preferences in mental health care

LGBTQA+ university students have unique mental health needs and high rates of mental disorder compared to cisgender heterosexual peers. LGBTQA+ students are more likely to seek mental health care than cisgender heterosexual peers, however it is likely that many LGBTQA+ students remain untreated or receive inappropriate or insensitive care. The aim of this study was to explore the experiences and preferences in mental health care of LGBTQA+ university students. Twenty-eight young adults participated across 12 focus groups or interviews in which they were asked about their experiences and preferences in mental health care. Two LGBTQA+ researchers used thematic analysis to identify patterns of meaning in the data. Researchers identified four themes of a perceived mental health crisis, systematic barriers to care, personal barriers to care, and interactions with mental health providers. For example, participants reported that finding a LGBTQA+ provider was important to them, however they did not know how to start the process. The results of this study mirror those found in more general studies of LGBTQA+ mental health care experiences. It is evident that there are many barriers to accessing care for LGBTQA+ people. The findings of this study add to considerations for those working with LGBTQA+ students, such as university campus healthcare services. To provide improved care, providers must create safe and affirming spaces, be knowledgeable about LGBTQA+ topics, and advocate for wider social change to improve the lives of LGBTQA+ people.

Claudia Garcia (University of Otago), Eddy Grant (University of Otago), Gareth J. Treharne (University of Otago), Hitaua Arahanga-Doyle (University of Otago), Mathijs F. G. Lucassen (The Open University; University of Auckland), Damian Scarf (University of Otago), Mele Taumoepeau (Victoria University of Wellington), Jaimie Veale (University of Waikato), Charlene Rapsey (University of Otago) Paul Skirrow, Grace Johnstone & Katie Douglas, Otago University. Josh Faulkner, Victoria University of Wellington



