



# ShrinkRAP

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

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**Ko au, ko koe. Kia uru pū tātou**

*Let us both be diligent*

meaning that collective impact achieves greater outcomes

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## **President's Report to the 27<sup>th</sup> NZCCP AGM, 2016, Auckland**

*Deb Moore*

As usual it has been a busy year for the College, with various activities and an awful lot of email correspondence.

Firstly, we had an unexpected vacancy on the Executive, with the appointment of Elliot Bell to the Psychologists Board. This is a great honour, and while we congratulate Elliot on his new role, it was a bit of a concern having also lost the previous Vice President for exactly the same reason. We would like to thank Elliot for his sterling contribution to the Executive, and we also appreciate his ongoing commitment to the profession in his new role.

We are very thankful that Malcolm Stewart was willing and able to take on the Vice President role, and are hoping that he is not tempted towards the Board. Malcolm has previously held the Treasurer role, and so with this experience was able to slot onto the Executive with ease, for which we are grateful. The most difficult part was getting a bank authority signed by 4 people in 4 different places.

Further to our report last year regarding strategic planning, the College Council met for a day workshop, and from this useful exercise, four subcommittees have been developed, which look at the goals that the workshop identified. These are building the profile of the profession; developing strategic alliances in order to become more influential; building the leadership capability of our members, and the College supporting

members to provide high quality and cutting edge clinical practice and service provision. This year has seen a number of leadership workshops as a key part of conference. Anyone with an interest is welcome to become involved in any of these areas.

In June the College met with Des Gorman, chair of HWNZ and John Crawshaw, MoH Director of Mental Health regarding the issues facing the psychology workforce. The outcome of this meeting was that a Psychology Workforce Taskforce was set up, to be chaired by Dr Crawshaw. This group was to look at the broader picture, with the aim of developing a strategy to enhance the contribution of psychology to the health sector. There have been two meetings to date, with representation from across the profession. As part of workforce capacity, the long standing issues of internships have been identified as a priority. The goal is to develop a work plan that has achievable outcomes. We appreciate the input from various College members to this initiative, in particular responding to the requirement to gather data and write documents to educate the MoH and inform our discussions. Involvement in these meetings has meant additional work for people who are already very busy people, and I would particularly like to thank Malcolm, Luke, Ann Connell, Paul Skirrow, Karen Ramsay, Dougal Sutherland, Karen Salmon and Caroline, who has arranged the meetings and taken minutes.

We are very optimistic that the Psychology Workforce Taskforce links with the right people to give it some teeth.

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**AUTUMN 2016**

The meeting also provided some clarity about the prescribing rights discussion, being that this is not off the table but certainly not a priority, and would need to be ranked against other needs and projects from the taskforce. It was certainly the impression from the meeting that this is currently on hold.

We have made submissions on various matters, including the Mental Health & Additions Workforce Action plan. As you will be aware, the MOH is focussing on greater integration between primary and specialist services, and with many of our members already working in these fields we emphasised their clinical skills and supervision ability across these areas.

Submissions were also made to the Health Strategy, the Consultation on supplementary paper for the New Zealand Autism Spectrum

Disorder Guideline and we had a representative attending the Health of Older People Strategy Workshops in Wellington. We have also given feedback to Closing the Loop, a discussion document which offers a 5-10 year vision of holistic, person-centred, primary-care based mental health services.

In recognition of the ongoing situation and associated stress in Canterbury we have extended the Susan Selway scholarship, which would now be entirely national office funded, offering 3 x \$400 scholarships for a further 5 years for people currently living and working in Christchurch.

Finally, as always we are very grateful for Caroline's support for the smooth running of College operations. Our appreciation was shown by way of a presentation to her of a Roy McGlashan pottery piece.

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### Council news

Fred Reti has resigned from his position as the NZCCP Kaumātua. We thank Fred for his contribution to the Council and the College and wish him all the best for the future.

We are now delighted to announce that, thanks to Luke Rowe's sterling efforts, Tawhiti Kunaiti has accepted our invitation to take on the role of College Kaumātua. Tawhiti presided over the cultural aspects of the NZCCP conference, and AGM and Council meeting, last month and his input was greatly appreciated.

From Tawhiti:

***"Ko wai rā tēnei te whakaeke nei. Ko te tapuwae tahi o Rangitānenuiārangi, ko te iwi pākohe o Kuia, ko te hinu kakara o Raukawa, ko ngā tukemata o Kahungunu. Tihei mauri ora."***

Tawhiti's tribal affiliations include Ngāti Takihiku, Ngāti Whakatere, Ngai Tūtepourangi, Ngāti Hinehika. His current role is Principal Cultural Leader for Central Primary Health Organisation and Te Tihi o Ruahine Whānau Ora Alliance. He is also the Manawhenua Hauora (MidCentral District Health Board Iwi Relationship Board) delegate to the MidCentral Disability Support Advisory Committee

Tawhiti is a registered Graduate of the New Zealand Institute of Management and has worked for 16 years in the education sector

specifically total immersion Māori language settings including Kōhanga Reo (Early Childhood), Kura Kaupapa (Primary School) and Whare Wānanga (Tertiary) and 12 years in the health sector, specifically Māori Health, Public Health, Sexual Health, and Primary Health.

Tawhiti's lovely wife, Dana, is of New Zealand Māori, Cook Island Māori, Tahitian and Dutch descent, and is the Contracts Manager for Central Primary Health Organisation. They have two children aged 21 & 19.



*Newly appointed College Kaumātua, Tawhiti Kunaiti with his wife, Dana, and children, Chateya (left) and Ihaia (right).*

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### **NZCCP Awards**

We are delighted to announce that the following presentations were made at the 2016 NZCCP 27<sup>th</sup> AGM at the Amora Hotel, Wellington.

**Fellow Memberships were awarded to:**  
**Ann Huggett, Christchurch**  
**Mary Miller, Wellington**  
**Elena Moran, Nelson**  
**Fiona Will, Christchurch**

to honour their significant and pre-eminent contribution to the New Zealand College of Clinical Psychologists and the Psychology profession in general.

**Congratulations to all these recipients.**



*Mary Miller becomes an NZCCP Fellow.*

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### **NZCCP Membership News**

At the National Executive meetings since the ShrinkRAP Summer 2015 edition was published, we would like to welcome the following people in the following categories:

**Full Members** of the College:

Linda Atkinson, Wellington  
Vanessa Burrett, Waikato  
Daniel Farrant, Auckland  
Cissy Li, Singapore  
Petina Newton, Auckland  
Natalie Parkes, Hamilton  
Natasha Pomeroy, Wellington  
Elizabeth Ross, Hawkes Bay  
Martha Sorensen, Auckland

Helen Vykopal, Auckland

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

**Associate Members** of the College:

Sonia Andrews, Tauranga  
Emma-Jayne Brown, Wellington  
Natasha Burgess, Auckland  
John Davison, Auckland  
Josh Faulkner, Wellington  
Melissa Grouden, Hawkes Bay  
Rachel Hooks, New Plymouth  
Chris King, Otago  
Georgina Parr, Auckland  
Ellie Perniskie, Christchurch  
Nathan Phillips, Wellington  
Pip Smith, Hamilton  
Ellen Sole, Christchurch  
Tania Stanton, Wellington  
Rosanne Taylor, New Plymouth  
Shinayd van Rooy, Dunedin  
Joanne Walker, Auckland

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

Our new members might like to know of a few of the many resources, which members find particularly useful, as follows.

Access to excellent Indemnity Insurance with the [Medical Protection Society](#), which provides inexpensive professional indemnity including access to legal advice and representation in the event of a hearing. The Medical Protection Society also facilitates a free EAP style counselling service for members who may be having difficulties or issues in their personal or professional lives, that can't be addressed during supervision sessions. MPS can be contacted on 0800 22 55 677. (If you are not already a member of MPS you can [download the MPS membership application form here](#).)

Access to the [EBSCO Publishing online Psychology Research Database](#) which is available free to all College members. This provides unlimited remote access to their Core Psychology Research Package containing Psychology & Behavioral Sciences Collection, MEDLINE with Full Text, and Mental Measurements Yearbooks with Tests in Print.

As a member of NZCCP you can register as a user of the website at this link or you can click on the following link:

<http://www.nzccp.co.nz/profile/register> ; and while there if you want your private practice details published please add as many details as you wish to include in the "Professional Details" field. Once you have been authorised as a College member you will have full access to the EBSCO journal database and, if appropriate, your private practice details will be published in the "find a clinical psychologist" resource for the public.

For more information about these and other resources available to College members please go to <http://www.nzccp.co.nz/membership/>

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### Membership renewals

These are due next month. Please keep an eye out for the reminder/renewal notice in your inbox.

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### Grants and Scholarships

As usual, the calibre and range of applications has been extremely high. We congratulate the 2016 award winners, while at the same time commiserating with those who missed out, and we would like to say that, as always, it was a close call.

NZCCP is delighted to announce the following award recipients:

The **Research/Study Award** goes to **Lois Surgenor** to cover the direct travel/accommodation cost of being onsite in Wellington during the labour intensive phase of manually extracting data from 12 years of archive complaint notifications for a quantitative analysis.

The four **NZCCP Travel Grants** have been awarded to **Alison Alexander, Kate Brookie, Lauren Bryce** and **Sam O'Sullivan**.

**Te Karahipi Oranga Hinengaro Award** was given to **Diane Koti**, a clinical student at the Massey University, Palmerston North and the **NZCCP President's Award** was given to **Natalie Greenman**, a Doctoral student at the University of Auckland.

The three **Susan Selway Scholarships** went to **Carolyn Doughty, Louise Jenkins** and **Karen Knowles**.

The College heartily congratulates all award recipients.

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### Journal NZCCP

The themes for the next Journal NZCCP issues are:

**Relationships**, published June 2016, deadline 30 May

**Culture**, published November 2016, deadline 30 September 2015

**Leadership**, published May 2017, deadline 30 March 2017

If you have (or know of someone else who has) an interest in any of the above themes and

- could write an article, or
- do a literature search, or
- if you could review a conference or workshop you've attended, or
- review a book or article you've read, or
- if you are aware of some good online assessment measures or apps, please contact Caroline at [office@nzccp.co.nz](mailto:office@nzccp.co.nz).

If there is a book you want to read and are interested in reviewing it, Journal book review editor, Dr Charlene Rapsey ([charlapsey@gmail.com](mailto:charlapsey@gmail.com)), may be able to get you a free review copy.

Please don't forget that we are always keen to receive and publish letters to the editor, and encourage all students to submit articles, case studies, book reviews, commentaries on a set of abstracts, reviews of conferences or workshops and students whose submissions are published are paid \$100.

**We look forward to seeing your wonderful submissions (which can be submitted online here: <http://www.nzccp.co.nz/about-the-college/publications-and-resources/journal-nzccp-article-submission/>)!**

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### Members in Leadership roles

As part of our Strategic Plan and focussing on supporting our membership, one of the areas of focus is to **build the leadership capability of our members**.

As part of this interviews with NZCCP members who have moved into leadership roles will be regularly published in ShrinkRAP, as a way of sharing information about pathways into leadership. The first

two of these, with Rachel Lawson and Paul Wynands, follow.

***Rachel Lawson, Clinical Head, South Island Eating Disorders Service***

***1. How did you end up as a leader, what path took you that way?***

I returned from overseas with an expertise in eating disorders. An opportunity arose to take a leadership role in this area, and so I took the risk that the skills I had as a Clinical Psychologist would also transfer to a leadership role.

***2. What extra training did you undertake, if any? What was it like "learning the ropes"?***

I didn't undertake any extra training as the particular circumstances dictated that I took over the role rapidly. Fortunately, I had an excellent Clinical Psychologist boss in the UK and his leadership style gave me a starting point. I also learnt from my many mistakes. In hindsight it would have been extremely useful to take a leadership course. This course would have assisted me to take those core personal attributes which define a good leader and set them within a framework that I could have kept returning to in order to improve my performance.

Overall it was hard work "learning the ropes" but it was worthwhile in the end because I now feel very comfortable in the role, and I can influence the direction of our service and broader systems.

***3. If you have had any "failures" along the way, how have you dealt with these and what did you learn from them?***

I have indeed had some "failures" along the way. I have taken them to supervision, and learnt from my mistakes. As a result I have become a better leader.

***4. Who supported or encouraged you as you entered leadership roles?***

I think the starting point for me was having the example of two Clinical Psychologists in leadership positions. Prior to working with these individuals overseas I didn't have the example of many clinical psychologists working in leadership positions in NZ. Once I began in the role I was fortunate to have an excellent supervisor, Dr Jenny Jordan and Area Psychology lead, Chris Daffue. They have been incredibly supportive and helpful. I also had a good service manager

who was able to talk to me about the more technical aspects of "people management".

***5. What advice do you have for clinical psychologists considering moving into leadership roles?***

Please take any opportunity offered as my experience is that these do not occur that often, and we need more clinical psychologists in leadership positions. It may also be about creating your own opportunities, for example, seeing a gap in service provision and driving that change. This type of initiative can often create more opportunity as those above can see your capacity to have vision. It would be extremely valuable to take a leadership course at the same time. In addition, ensure you have good people around you right from the beginning including finding a mentor.

***6. From your experience, what are the challenges and advantages of taking on formal or informal leadership roles?***

In health the main challenge is you have to work harder to build networks and relationships because most leaders will be psychiatrists. There are also many systemic challenges in these roles and one has to learn to accept that there are some things one cannot change. Given these systemic challenges one also needs to learn to persevere. I have been called "annoyingly persistent" which I take as a compliment. The advantages are that you influence broader systems and you keep growing and developing in your professional life.

***7. What do you see as important skills/competencies of leaders?***

All those skills that clinical psychologists bring to their core business. For example, the capacity to build rapport and relationships, an ability to work with people's strengths, respect for others, skills to motivate people and to roll with resistance, an ability to move from the big picture to the small details, multi-tasking, a genuine interest in people, flexibility, persistence, working well with groups and systems, thinking how to manage risk, excellent communication skills, and leading by example.

***8. If yours is a management role, to what extent does it require leadership skills or tasks?***

My role is mostly leadership as we have two excellent managers

9. *If not, how is your position as a leader different from a management role?*

It is about using those core personal attributes to work toward developing a team that has the same agreed vision to ensure successful outcomes for consumers and their family/whanau.

**Paul Wynands, Manager, primary mental health services at Rural Canterbury PHO since 2007; Member of the Mental Health Leadership Workstream, Canterbury DHB; Member of South Island Service Level Alliance for Mental Health and Addictions; Member of the External Reference Group for Rising to the Challenge, Ministry of Health.**

1. *How did you end up as a leader, what path took you that way?*

I had been working in solely clinical roles for a number of years. I noticed the carpet below me was becoming thread bare and thought it was time for a change. I also had a desire to set something up/ do something outside my comfort zone. In contrast to previous services I've been involved in, I envisaged that the service would be responsive, accessible, client focused and well connected to existing community services. This coincided with the introduction of the primary mental initiatives, delivered through the PHOs. The Primary Health Strategy fitted the model of care that I was interested in developing, so I have fortuitously been part of this way of working since 2006. The last ten years have flown by.

2. *What extra training did you undertake, if any? What was it like "learning the ropes"?*

I learned as I went on a long without any formal training. I made errors and sometimes may have been too assertive in getting my service vision and ideas across. Fortunately there has been a core group of influential managers and clinicians that have supported me along the way. I have learnt to tolerate a lot of uncertainty, put up with political whims and machinations and dealt with interesting organisational plays and dynamics along way. I have developed a tougher skin.

Last year I won a scholarship for a Post Graduate Certificate in Strategic Leadership, which is part of the MBA programme at the University of Canterbury. The appeal of this course is that papers are done in blocks, over

weekends, and course papers completed flexibly. It puts me in touch with a lot of budding leaders and helps me reflect on my own strengths and weaknesses as a leader. Some of this can be quite revealing and uncomfortable.

3. *If you have had any "failures" along the way, how have you dealt with these and what did you learn from them?*

Of course there have been failures. Some of this due to my own early naiveté about health procedures and processes, impatience around this and not thinking strategically enough about certain issues. Through some of these early experiences, I have learnt to consult and collaborate if I want an idea progressed and learnt to develop relationships with crucial people in the system. This has taken time so, in the process, I have learnt to roll with resistance and deploy discrepancy along the way. As a result, I have developed some patience and respect for some (not all!) organisational processes and personalities in the system.

4. *Who supported or encouraged you as you entered leadership roles*

As mentioned, some key managers and clinicians in the PHO, primary mental health and the DHB allowed me to get on with the job. In the early days, this gave me a certain freedom to experiment and try new things. It was fun, new and invigorating and staff that came on board matched that new energy. Winning a quality and innovation award for the service in 2007 and a commendation award in 2008 also helped increase service and my leadership profile. In addition, primary mental health has been very involved in psycho-social recovery following the 2011 Canterbury earthquakes. So, on reflection, leadership roles were not specifically encouraged but rather fostered onto me. I found myself taking up these roles as a result of a massive gap in provision of mental health services in rural primary health care and then trying to meet the psycho-social response to a major natural disaster. Of course this might not have happened if potential was not identified and I was not in the current leadership role.

5. *What advice do you have for clinical psychologists considering moving into leadership roles?*

Your therapeutic skills are easily transferable into these roles. Namely:  
Be patient

Work collaboratively  
Roll with Resistance  
Reflect on any road blocks  
Address any difficulties as they arise  
Have a strategic outcome - where you want to get to.

For these reasons, organisations are attracted to the idea of psychologists moving into leadership roles. They perceive us as having the necessary skills and training for leadership. However, for some unknown reason, there is difficulty for psychologists to want to step into these roles. I sometimes wonder if we are not risk takers as a profession?

*6. From your experience, what are the challenges and advantages of taking on formal or informal leadership roles?*

Challenges:

Trying to do these roles in addition to clinical responsibilities. Both roles have different mindsets (process v. procedural) and can require a degree of compartmentalising to survive!

In leadership roles, I am privy to organisation knowledge and decision-making that the general workforce is not generally party to. Having this knowledge and knowing when and how to disseminate it is tricky at times.

The change in roles from clinician and colleague to manager and employer. The perceived power and relational differences that are attached to this.

Advantages:

In a strategic position to influence service development in DHB. As mentioned, privy to and providing opinion on relevant policy and documents that influence future service delivery. Able to call on strategic thinkers and influential people in the health system when needed.

*7. What do you see as important skills/competencies of leaders?*

Have a vision of where the service needs to go and able to genuinely impart this.

Able to engage people who share this direction

Good at forming collaborations that enhance the direction

"Put out the bins" – are prepared to lead and also serve

Can make operational and strategic decisions when they need to

Tolerates a lot of uncertainty and works flexibly  
Have good balance (physical, emotional, spiritual) in their lives.

*8. If yours is a management role, to what extent does it require leadership skills or tasks?*

Management I imagine requires these skills most of the time. It depends on whether the organisation enables their managers to be good leaders as well.

*9. If not, how is your position as a leader different from a management role?*

Personally I do not think there is too much different – the above skills are also required to be an effective manager these days.

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### **Update on the Psychologists Board's CCP requirements**

*Anne Goodhead*

The Board remains committed to the CCP process, as developed and used over the first five years of its use, but has made major changes to the recording of the CCP steps. The recording required for the Board's audit processes has been drastically simplified, to address the main criticism of the earlier system that it demanded time consuming written documentation. However the Board still expects that practitioners will preserve the integrity of the CCP steps in discussion with their supervisor. In the event of being selected for audit, the supervisor and practitioner will be asked to sign a declaration that these steps have been followed. The objective of these changes is retain the helpful aspects (providing a structured approach to maintaining competence with self-directed learning and using the supervisory relationship to provide a regular review) while minimising the unproductive drag-factor of recording the full discussion.

In brief, the Board is still committed to keeping the CCP process of individuals conducting an annual self-reflective review of their current competence against the core competencies in order to identify areas of weakness in competence to inform the learning objectives for the year ahead (and to discuss this in supervision to get the feedback of the supervisor), then to review progress on learning goals at the end of the CCP cycle. The CCP recording should now be



done in a log book, which will contain the following:

- The date of the self-reflective review discussion in supervision.
- The list of learning goals that emerged from that discussion (optional to also include the learning plans).
- The learning activity undertaken throughout the year.
- The date that the discussion occurred when the progress on the learning goals was reviewed

There are two optional templates that psychologists may choose to use for their log books:

[CCPLogBook OptionalTemplate 1](#) and [CCPLogBook OptionalTemplate 2](#) (or see on the [Board's website](#)). However the log book can be kept in any other form that suits the practitioner as long as the minimum information is recorded (that is, the list of bullet points above).

As before, if you have uncertainty about what is required or a question, don't hesitate to contact Anne Goodhead on 04 471 4584 or by email: [anne.goodhead@nzpb.org.nz](mailto:anne.goodhead@nzpb.org.nz)

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### **Summary of the Psychology Profession Advisory Forum (PPAF) meeting, 23 February 2016**

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

**Cultural Competence** (*Updates re each organisation's cultural competence activities*)  
A brief update was provided on the Board's establishment of two "Cultural Advice Reference Groups".

### **Reports from PPAF Members HoDs and PLs**

*The HoDs reported that:*

- They are pleased to see the formation of the Psychologists Workforce Task Force.
- Changes being made at NCEA level may see psychology become more popular in high school (and beyond).

*The Programme Leaders reported that:*

- A formal appointment of a representative for the group has not yet

been made, but this will be pursued in the coming weeks.

### **DHB Professional Leaders**

*The DHB Professional Leaders reported that:*

- They have not met recently, and their next meeting is scheduled for May.
- All interns in DHBs have been placed for the coming year.

### **Psychologists Board**

*The Board reported:*

- A meeting with the Principal Family Court Judge Lawrence Ryan is being planned for late March or early April. The agenda will include discussion of concerns about practitioners' ability to fully defend themselves in response to a complaint when they know that any information they provide the Board must be shared with the complainant.
- A brochure for consumers of psychologists' services has been prepared and has now been translated into four other languages (Māori, Cook Island Māori, Tongan, and Samoan). It will be published soon, and copies will be distributed via the Citizen's Advice Bureau and can also be ordered via the Board's website.
- Ann Connell and Monique Faleafa have been re-elected to serve another year in their roles as Board Chair and Deputy Chair (respectively).

*Updates: The Board also reported that:*

- The recent consultation on the fees charged by the Board attracted only a small number of comments. Changes have been made, and the new fees gazetted.
- They will consider the results of the first round of consultation on the proposed establishment of a scope for neuropsychology later this week.
- The Board have now co-located with nine other RAs in new premises on Willeston Street.
- The Board will consider the final draft of the best practice guideline on "Informed Consent" later this week. They will also consider the first draft of a guideline on "Coping with a client suicide".
- Board representatives will attend a meeting with the Psychology Board of Australia and representatives from psychology organisations around the Asia-Pacific region (organised and hosted by IUPsyS) just before the International Congress of Psychology in



Yokohama this July. Representatives from the NZPsS and NZCCP will also attend.

- The Working Group of the International Project on Competence in Psychology held their final meeting in Beijing earlier this month. A final draft is now being prepared, and will be launched at Yokohama.
- Associate Professor Lois Surgenor is the Board's new Psychology Advisor (Accreditation & Investigations). She will be based in Christchurch.

The next PPAF meeting will be held on 24 May 2016.

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### **Summary of the Psychology Workforce Group (PWG) meeting 23 February 2016**

#### *Representation on PWG*

It was noted that Jeanette Berman was leaving Massey and would not be attending PWG.

There was a discussion about having an IO psychology represented and it was agreed that rather than have all areas of psychology attend PWG that invitations could be extended to others as and when needed.

#### *Internships*

It was noted that these remain an issue of concern particularly the loss of dedicated funding for the eight HWNZ internships. Internships remain a major focus for PWG and the Psychology Workforce Taskforce Group (PWTG)

#### *Psychology Workforce Taskforce Group (PWTG)*

The key messages from the morning's PWTG meeting were

- Gather workforce data
- Put a paper together on what psychology can offer and the added value that is provided

It was noted

- We need to be able to answer the question for planners and funders of why they should fund psychologists as opposed to other mental health professionals?
- General Managers in mental health need to know and understand what psychologists do
- Psychology training, unlike other health professions is offered across a number of providers which may be confusing to those who are not aware

of this - need to explain how this works to funders etc. We need to emphasise the similarity of the training structure to medicine re interns and registrars

- We need to note to DHBs and others the cost effectiveness of interns
- The NHS in the UK centrally fund interns which was a model considered to be useful in NZ
- We need to develop the ability to communicate our level of specialist training and skills
- We need to show the economic advantages of psychologists e.g. early intervention
- We also need to consider psychology outcomes- demonstrate the effect size. There are changes to psychology being taught in schools re NCEA status which may provide greater opportunities for teaching psychology in high school environments

#### *Tasks from the PWTG*

- Paper on why psychology should be one of the professions the HWNZ Allied Health, Scientific & Technical Governance Group should do workforce modelling.
- Data collection on the psychology workforce
- Key informant project - particularly re gaps in the workforce
- Pithy statement(s) on what psychologists can offer - clinical, health and neuropsychology first followed by others.

#### *Future of Psychology initiative*

Malcolm explained the Future of Psychology initiative and activities to date. It was noted that this including any website development remains a work in progress.

#### *Māori and Pasifika Workforce Issues*

Data will be gathered on Maori and Pacific student numbers, including pipeline information

#### *Other business*

It was noted that psychology wellbeing practitioners (PWPs) have featured in the media and that Massey University are researching the effectiveness of the low intensity interventions which could be offered by PWPs in NZ as is currently the case in the UK.

*Next meeting: Tuesday 24 May 2016.*

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### **ACC/NZCCP/NZPsS liaison meeting, 1 March, 2016**

*A variation to the Psychological Services contract has been finalised with planned commencement on 1 May 2016.*

The changes will be sent out to current Suppliers and will also be discussed at the NZPsS and NZCCP conferences. The main changes involve

- The contract will now be focusing on the assessment and treatment of mental injury encompassing mental injury arising from physical injury, work related mental injury and mental injury arising from treatment injury as well as psychological problems arising from a covered physical injury or treatment injury which act as barriers to rehabilitation.
- Opening up the contract to a range of scopes – Clinical, Psychologist, Educational and Counselling. However, providers will still need to demonstrate that they meet the criteria to work on this contract through their qualifications, skills and professional development.
- Highlighting that family and whānau support can be provided under this contract to facilitate the client's recovery.
- Introducing limited pre-cover sessions for clients who have lodged a claim and are experiencing psychological problems arising from having experienced or witnessed a single, sudden workplace trauma
- Separate codes and funding structure for mental injury assessments to ensure that this is consistent with mental injury assessment under the Integrated Services for Sensitive Claims contract
- Developing the capacity of the workforce through allowing provisional service providers to deliver Psychological Services. This is designed to develop their expertise in specific areas while maintaining client safety. Where a service provider is approved under *Provisional Requirements* there must be arrangements in place for on-going supervision with an experienced supervisor

with at least 5 years of experience and other supervision conditions must be met ensuring quality service delivery and reporting is maintained.

### *Availability of Suppliers for the Integrated for Sensitive Claims (ISSC) contract*

- Under the ISSC, the idea is for suppliers to liaise and work together with one another around availability especially as there is a high demand for services. This can help those suppliers who are not getting as much work and will provide relief for those suppliers who have more work than they can cope with
- The idea of waiting lists was discussed and how clients can be kept safe during the wait period. ACC is interested in liaising with suppliers who have waiting lists as to how safety issues are managed.
- ACC is working on modifying the My ACC website so that suppliers will be able to indicate to other suppliers what availability they have. This will be updated every 24 hours.
- Clients can ring ACC directly through the Sensitive Claims Unit via the 0800 number on the Find Support website if they are having difficulty contacting or finding a supplier. The SCU staff will ring around suppliers on the client's behalf to find out who has availability.

### *DNA Notification for the ISSC Contract*

There are no DNA forms. Rather when a client does not attend, the provider is asked to email the Service Coordinator/Case Owner and also outline how they contacted the client in the 24 hours leading up to the non-attended appointment to try and ensure that the client attends the assessment/treatment session.

### *Social Work Role under ISSC*

Under the ISSC contract, the social worker is not involved in therapy; rather their role is to assist client with social resource needs where these present a barrier to treatment. A social worker with appropriate counselling training and experience can apply to be a treatment provider in addition to providing the social work component.

### *Covered Injuries*

If assessors or providers require information about clients' covered injuries, they can email the sensitive claims inbox to obtain this information. ACC will reply within a 48 hour turn-around period and this inbox is cleared every day.

### *Provision of Medical Records*

Obtaining medical records for ISSC Supported Assessment has been an on-going problem. The Sensitive Claims Unit has had a number of meetings with MSD, CYF Justice Privacy commissioner representatives to ensure improvements and timeliness and there has been a marked improvement. ACC is also making system changes and are piloting 'Health link' in April. Initially Health link will be trialled with GP's and then extended.

### *Changes to the Master Agreement*

All supplier feedback regarding proposed changes to the Master Agreement terms and conditions is welcomed for which ACC's Health Procurement note suppliers' concern about the proposed Intellectual Property clause. ACC can confirm it will not make changes to this clause with the existing one in the Master Agreement remaining.

### *Difficulties with Provider Applications*

Some applicants have expressed concern over being required to provide additional information which applying to become a provider. Providers can email Kris Fernando ([kris.fernando@acc.co.nz](mailto:kris.fernando@acc.co.nz)) for an explanation so that suppliers/providers are clearer about the reasons why information is being requested. It may be helpful to understand that ACC needs to ensure that the safety of the public is guaranteed. With the Neuropsychological Assessment Services contract, specialised skills are required and this can sometimes be difficult to ascertain, on paper. In some cases, more information is requested, such as anonymised reports, to ensure that the applicant has the required skills in terms of analysing the data and report writing. There have been situations where people appear to have the required qualifications, skills and experience on paper but there have been subsequent problems with the quality of their work. ACC needs to ensure that people who are approved to work on the contract do, in fact, have the required skills and experience.

### *Changes to Psychological Services Forms*

Some providers have expressed that some of the forms need modification. ACC agrees and

will be making changes based on provider feedback.

### *Placement Students and Interns*

As this stage interns cannot work under the mental health contracts although ACC is starting to liaise with universities and suppliers to look at ways by which interns can safely work on these contracts while ensuring that the safety of the public is guaranteed.

*The next ACC liaison meeting is scheduled for 7 June 2016. If you have any issues for inclusion the agenda for this meeting please email them to [office@nzccp.co.nz](mailto:office@nzccp.co.nz) by Monday 23 May.*

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### **Lifhack's 2016 Flourishing Fellowship open for applications and nominations**

As part of a continued commitment to improving the lives of young New Zealanders, [Lifhack](#) is proud to announce the launch of the 2016 Flourishing Fellowship's application and nomination phase to select participants into the programme.

The Flourishing Fellowship is Lifhack's latest experiment in utilising tools for social innovation, design and wellbeing science to improve the lives of young kiwis. The three-month part-time programme provides the opportunity for people from different sectors and parts of society to come together to develop new approaches, projects and initiatives, with the needs of young people at the centre of the process.

Nick Laurence, a participant in last year's Fellowship who runs youth wellbeing organisation [Mindfulness for Change](#), said about the programme: "One of the very cool (and quite unique) things that the Fellowship allowed to happen, and a real strength of the Fellowship framework was a connection with people working in different sectors, with different backgrounds, strengths and perspectives, who were all passionate about making a difference."

This year's programme is aimed at individuals working within systems and organisations influencing the lives of young people. These individuals might be working in education, health, justice, community development, social services and wellbeing technology, or other relevant fields.

Toni Reid, Lifehack core team member who is leading the development and implementation of the Fellowship, says: "We designed the Fellowship programme to bring together people of diverse backgrounds, skill sets and geographies for them to feel a sense of agency within their own communities to support the development of approaches that are best suited for their region".

Over 13 weeks, participants, workshops hosts and facilitators will gather in person three times for hui (in-person gatherings) at retreat locations near Ōtaki. Those will be augmented by online content and learning opportunities which participants complete in their local communities. There will be a focus on building whanaungatanga (the process of becoming family) as a group, inquire into New Zealand's wicked issues, learn about influencing systems and work on personal wellbeing. It will be an opportunity to up-skill in design and start-up tools like prototyping, and determine the most effective ways to improve youth wellbeing in the communities participants are connected to.

Through activating a diverse cohort of highly skilled wellbeing champions who support one another in their on-going work, the Fellowship looks to build capability and capacity within those people who are actively working on youth-wellbeing-related work in Aotearoa.

*Further information about the Flourishing Fellowship can be found on the Lifehack [website](#) and [the blog announcement](#). Interested individuals can apply by [clicking here](#). A nomination form can be found [here](#).*

*Lifehack was launched in 2012 as part of the [Prime Minister's Youth Mental Health Project](#). It is funded by the Social Media Innovation Fund and run by [Enspirai](#), a network of social entrepreneurs.*

[YouTube link to video about last year's Flourishing Fellowship](#)

#### **Lifehack contact**

Dayna Carter  
[dayna@lifehackhq.co](mailto:dayna@lifehackhq.co)  
0064 - 21 1280 261

#### **Note to Stakeholders – Mental Health and Addiction Workforce Action Plan**

Submissions on the draft Mental Health and Addiction Action Plan (Action Plan) closed on 22 January 2016, with 82 submissions received from a range of individuals and

organisations. We appreciate the significant contribution of individuals and organisations in the development of the draft Action Plan. Feedback was thoughtful, detailed and helpful, and shows the level of interest in and engagement with the mental health and addiction workforce in the sector.

Thank you to those of you who made a submission.

#### *Submitter feedback*

Analysis of the submissions has been completed and a diverse range of views were provided. A number of key themes were identified including:

- strong support for better linking the draft Action Plan with the strategic context, including government policy, cross-sectoral links and a focus on social determinants, and wider workforce development initiatives;
- increasing the focus on integration of the workforce across disciplines, mental health and addiction services and government agencies, to meet the increasing demand and complex needs of consumers;
- the need for better articulation of a vision for the future mental health and addiction workforce in the context of New Zealand's changing population;
- reducing the medically-oriented focus of some actions, and providing a more integrated and multidisciplinary description of the workforce and competencies required;
- increasing the person centred approach in the draft Action Plan, and the needs of vulnerable populations across the continuum of care;
- the need to better define the specific training and development needs of the mental health and addiction workforce to build capacity and capability;
- the need for greater emphasis on the development of the Māori and Pacific workforces;
- clearer articulation of how the draft Action Plan will be operationalised, particularly, how the actions will be implemented and who is required to do the actions;
- greater clarity in terms of the terminology used in the draft Action Plan and the priority areas; and
- the need for increased use of evidence and data.

### Next Steps

The Ministry of Health (Ministry) has considered submitters' views and the diverse range of perspectives provided. We have listened to and considered your feedback to inform the revised Action Plan and are committed to developing a robust and future focused plan that continues to build on existing workforce development activities. We are committed to the Action Plan effecting positive change in the mental health and addiction workforce and acknowledge that the Action Plan will not succeed in isolation.

Noting that the Commissioning and National Population Outcomes Frameworks for mental health and addiction are still under development, the Ministry now intends to publish the Action Plan after these documents are published to ensure alignment with these and with the New Zealand Health Strategy.

We have gained valuable information through the development of the Action Plan and this will inform Health Workforce New Zealand's future contracting arrangements for mental health and addiction workforce development services.

Further updates on the progress of the Action Plan will be made on the Ministry's website: [www.health.govt.nz](http://www.health.govt.nz)

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### NZCCP Life Member speaks at global G200 Youth Forum

NZCCP life-member *Chris Skellett* was recently invited to deliver a keynote address to the international G200 Youth Forum, 6-10 April in Garmisch-Partenkirchen, Germany. This is an annual gathering of young politicians and aspiring leaders from over 40 countries from around the world

He was asked to share ideas about the concept of Happiness from his book, *When Happiness is not Enough- Balancing Pleasure and Achievement in your Life*.

The main theme of this year's conference was for participants to consider measuring a nation's well-being in terms of a subjective happiness index (NHI) instead of using the more traditional measure of gross domestic product (GDP). Material wealth is no longer automatically chosen as the preferred measure of a country's well-being, opening up the opportunity for social scientists to

move into the space occupied for so long by economists as policy advisors. The Happiness movement, led by Positive Psychologists such as Martin Seligman and Ed Diener, is starting to have a real influence in policy making around the world.

It has been suggested that the revised goal for a nation's people is for them to carry a subjective sense of personal fulfilment rather than to be objectively wealthy. Happiness is obviously a state of mind, and many studies have shown that material wealth in itself does not correlate with Happiness.

The movement started in Bhutan in 1972, but more recently higher profile leaders such as David Cameron in the UK and Angela Merkel in Germany have been promoting the idea of using subjective measures of well-being to track progress. Of course, the World continues to be driven by powerful corporate interests, but even those leaders can see that happy people are more productive people!

Since 2012 the UN has produced an annual World Happiness Report that ranks each nation's happiness according to a range of measures, including subjective well-being. New Zealand currently sits 8<sup>th</sup> on a list of 158 countries, one place above Australia.

Global issues such as climate change and mass migration are now forcing a reconsideration of a world based on economic growth and development. 'Softer' concepts such as mindfulness, gratitude, empathy and sustainable balance seem to be increasingly referenced as key drivers for future policy. Who would ever have thought that the concept of 'compassion' would appear on a global leaders joint communique?! And who would have thought that simple principles derived from clinical practice could be used as a valuable template for international policy making?

Chris also presented a 2-hour workshop for young leaders entitled "Personal Resilience in Challenging Times", offering a range of psychological strategies for leaders to stay personally calm and self-assured during a crisis. He also made sure that New Zealand was well represented in every aspect of the social programme, continuing his longstanding commitment to generating collegial affiliation between people through the power of dance.

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**Observations of my favourite animal and how it guides my clinical practice**

*Wendy Radford*

Growing up in my tropical island of Barbados in the Caribbean my family always had lots of what we called land turtles. Others might call them tortoises. They were a part of my environment. And I had time to observe them as they moved slowly but with quiet determination from place to place. They carried their home with them and would withdraw into this for safety when they needed to.

Turtles remind me to stay grounded in my own culture and to respect the culture of others. They have taught me the importance of patience, of staying in the present and being mindful. That there is more value in accepting and moving on than reacting impulsively. From them I have learnt to go slow and steady, to breathe deeply, when faced with obstacles and challenges; to walk peacefully in this world and to look around me and within me for solutions. In my clinical practice the turtle has guided me to go at a steady pace with each client and to trust their inner wisdom. As a result I wait patiently for each client to process at their own speed. Therapy is not a race. The shell of the turtle makes it difficult for predators to get a grip on them. This home which they constantly carry has led me to reflect on my own home, my own inner sanctuary into which I can retreat when needed, regardless where I live. With my clients we explore and strengthen their own inner resources which they carry within. They learn to stop and think. To withdraw into their shell, as it were, breathe slowly and regulate their emotions. To me turtles are about endurance, persistence and lasting the distance with

dignity. To develop peaceful relationships. And to always hold hope for transformation and change.

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**Observations of my favourite animal and how it guides my clinical practice**

*Elsabe van Wyk*

Dachshunds made me the therapist I am. Sarel and Snoopy were my brothers. They were the first deaths I had to process. Little I knew that I will make a living in helping others mourn.

Upon Willemien and Caroline's arrival in NZ I was grounded. They taught me vulnerability and contentment.

Jerry showed me unconditional acceptance, warmth and empathy. A bit on the spectrum, he only had eyes for me. This over idealizing was safe and did not need challenging.

Cindy is my mate. Quite a therapeutic alliance I would say. We wouldn't want it any other way.





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

## TRAINING TIMETABLE

### NZCCP Events

LOCATION	MONTH	PRESENTER/ CONTENT
Nelson	23 May	<a href="#">Professional Supervision Workshops</a>
Christchurch	1 July	Three Psychotherapies - Vive la Différence!
Christchurch	9 September	Martin Dorahy/ <a href="#">When mortification knocks: An exploration of shame and its relevance to distress and therapy</a>

### Other Events

LOCATION	MONTH	PRESENTER/ CONTENT
Christchurch	2 June	Professor Julia Rucklidge/ <a href="#">Nutritional Therapies for Psychological Symptoms</a>
Tauranga	16-17 June	<a href="#">NZPOPs Conference 2016</a>
Hamilton	20 June	David Clark/ <a href="#">Improving Mental Control: New Insights for Treating Obsessions, Worry and Traumatic Memories</a>
Wellington	24 June	<a href="#">Perinatal Anxiety &amp; Depression Aotearoa Seminar</a>
Nelson	26-27 July	Alan Fruzzetti/ <a href="#">DBT with Families workshop</a>
Nelson	July/August/March 2017	Alan Fruzzetti/ <a href="#">DBT Intensive Training</a>
Auckland	9-10 August	Dr Chris Wagner/ <a href="#">Motivational Interviewing Groups</a>
Auckland	23-26 August	<a href="#">TheMHS Conference 2016</a>
Auckland	15-16 September	Tony Attwood & Michelle Garnett/ <a href="#">Master Class: Children and Adolescents with ASD</a>
Auckland	17 September	Professor Tony Attwood/ <a href="#">Emotion Management with Children and Teens with ASD</a>
Wellington	31 October-1 November	<a href="#">AnzaCBT Annual Conference and Workshop</a>
Auckland	27-28 October	Trish Purnell-Webb/ <a href="#">Gottman Level 1 Clinical Training</a>
Auckland	3-5 November	Trish Purnell-Webb/ <a href="#">Gottman Level 2 Clinical Training</a>
Wellington	24-26 November	<a href="#">Psychosocial Oncology New Zealand 2016 conference</a>



Leah is a Sydney-based doctoral-level clinical psychologist with 20 years of clinical and teaching expertise in CBT and traumatology

# 2016 Trauma Education

presented by  
Dr Leah Giarratano



**Two highly regarded CPD activities for all mental health professionals: 14 hours for each activity**

**These workshops are endorsed by the, AASW, ACA and ACMHN**

## Clinical skills for treating posttraumatic stress disorder (Treating PTSD)

This two-day (8:30am-4:30pm) program presents a highly practical and interactive workshop (case-based) for treating traumatised clients; the content is applicable to both adult and adolescent populations. The techniques are cognitive behavioural, evidence-based, and will be immediately useful and effective for your clinical practice. The emphasis is upon imparting immediately practical skills and up-to-date research in this area.

**12-13 May 2016, Brisbane CBD**

**2-3 June 2016, Cairns CBD**

**23-24 June 2016, Auckland CBD**

**19-20 May 2016, Melbourne CBD**

**9-10 June 2016, Perth CBD**

**3-4 November 2016, Sydney CBD**

**26-27 May 2016, Sydney CBD**

**16-17 June 2016, Adelaide CBD**

**17-18 November 2016, Melbourne CBD**

## Clinical skills for treating complex trauma (Treating Complex Trauma)

This two-day (8:30am-4:30pm) program focuses upon phase-based treatment for adult survivors of child abuse and neglect. In order to attend, participants must have first completed the 'Treating PTSD' program. The workshop completes Leah's four-day trauma-focused training. The content is applicable to both adult and adolescent populations. The program incorporates practical, current experiential techniques showing promising results with this population; techniques are drawn from EFTT, Metacognitive Therapy, Schema Therapy, attachment pathology treatment, ACT, CBT, and DBT.

**7-8 July 2016, Sydney CBD**

**28-29 July 2016, Perth CBD**

**14-15 July 2016, Melbourne CBD**

**4-5 August 2016, Adelaide CBD**

**21-22 July 2016, Brisbane CBD**

**11-12 August 2016, Auckland CBD**

*Please note that our workshops dates have changed and dates on this page are current at the time of publication so please check our website to ensure they are current before booking*

### Program Fee for each activity is in Australian Dollars (AUD)

Travel to Australia \$550 AUD (when you email this form to pay for an Australian workshop with a Visa or Master card)

**\$615 AUD** or \$550 each if you register to both (or with a colleague) more than three months prior using this form

**\$680 AUD** or \$615 each if you register to both (or with a colleague) less than three months prior using this form

Program fee includes program materials, lunches, morning and afternoon teas on each workshop day

Please direct your enquiries to Joshua George on: [mail@talominbooks.com](mailto:mail@talominbooks.com)

**For more details about these offerings and books by Leah Giarratano refer to [www.talominbooks.com](http://www.talominbooks.com)**

## 2016 Trauma Education Registration Form for NZCCP

Please circle the workshop/s you wish to attend above and return a scanned copy of this completed page

Name:	
Address:	
Phone:	Email (*essential*):
Mobile:	Special dietary requirements:
Method of payment (circle one)      Visa      MasterCard	
Name of cardholder:	Expiry Date:
Card Number:	Card Verification Number:
Signature of card holder:	Debit amount in Australian Dollars: \$

Credit card payment is preferred. Simply complete the information above, scan and email this page [mail@talominbooks.com](mailto:mail@talominbooks.com)

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

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