ShrinkRAP

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

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Te haka a Tānerore

Tānerore's war dance

(This refers to the shimmering of the hot air during summer.)

Australian Clinical Psychology Association and NZ College of Clinical Psychologists joint CONFERENCE 2014

Ehara taku toa i te toa takitahi, engari he toa takitini ke
My strength does not come from me alone but also from others

College News

NZCCP Website

We are very happy to announce that there have recently been some exciting changes made to the NZCCP website, which has just been moved to a new locally based server and has a new, flash, also locally developed CMS (i.e. the way we add and modify the website's content and appearance).

The best part of this development is that there is now a much slicker and user friendly "Find a clinical psychologist" search resource that is also very much more flexible and allows you as a private practitioner to enter your details into this search engine, including as many treatment areas, treatment therapies and client groups as you want.

Please note that you will all be required to re-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 you are invited and encouraged 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 once again have full access to the EBSCO journal database and your private practice details will be published in this easy to use resource for the public. Incidentally the "find a clinical psychologist" page is the most visited.

Another exciting development is the "responsive" function which means that the website can now size itself seamlessly and accessibly to all screen sizes, tablet and smartphone alike. This means that, in this world of increasing handheld device use, people will be able to get the most from our website.

HWNZ Internships update

Malcolm Stewart, College Fellow and Psychology Leader at Counties Manukau DHB, has been communicating with HWNZ and in consultation both with the DHB Professional Leaders and the University Programmes they have put together a process where they have been collecting proposals from the DHBs for potential HWNZ Internships. The DHB Psychology Leadership Council have reviewed these proposals and nominated eight possible internships to

HWNZ with the goal of aiming for a spread of DHBs, a spread of training programmes and a spread of service areas (e.g. CAFS, Elderly, inpatient, etc.).

Student Allowances update
We are continuing to work hard on ways to aim for a reversal of the National Party's cut to Student Allowances and plan to send a letter to key stakeholders, primarily relevant MPs, and as well issue a press release early in the new year.

NZCCP Membership News
At the National Executive meetings since the Winter ShrinkRAP was sent out, the following people have been approved and accepted as

Full Members of the College:

Carolyn Doughty, Canterbury
Aiyesha Melnicenko, Wellington
Charlene Rapsey, Otago
Thomas Robinson, Otago
Tomoko Yamaguchi, Palmerston North

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

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

Michael Burrows, Wellington
Shelley James, Auckland
Nick Kendall, Christchurch

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

College Awards
Applications are open for the NZCCP awards for 2013 as follows:

The NZCCP Research/Study Award, of up to $6,000, is offered annually to a full or associate member of the College to assist to them to undertake travel or a similar specific activity to further their education or interest in a clinical or research activity related to clinical psychology.

Up to four NZCCP Travel Grants of up to $1,000 are provided annually to Full, Associate, or Student members of the College to assist them to travel to and attend a continuing education opportunity (such as a Conference, Workshop, or substantial organised site visit) either in New Zealand or overseas.

Te Karahipi Oranga Hinengaro and the President's Award, of up to $1,500, are offered annually to a student member of the College who is recognised as performing well in their training and as likely to make a positive contribution to Clinical Psychology in the future. The purpose of this award is to assist the student member to undertake the development of their knowledge and skills in Clinical Psychology and its application. The first is available for Māori students.

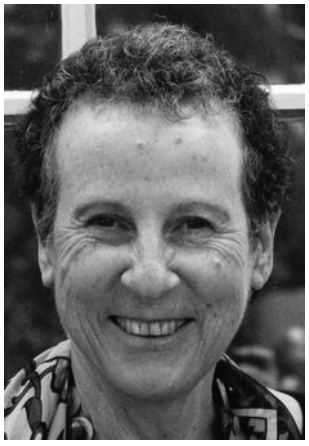
Applications for these awards and grants must be submitted by the end of February and the successful recipient will be informed by the end of March.

The third Susan Selway Memorial Scholarship is available to support NZCCP members from Christchurch who have been (or are) adversely affected by the earthquakes to attend Continuing Educational activities relevant to their profession. This scholarship has a total value of $1200 per annum, and is distributed as four grants of $300 each per year. Applications should be submitted by the end of February. The successful applicants will be chosen by lottery and the successful recipient informed by the end of March

For more information on these please go to http://www.nzccp.co.nz/membership/awards-and-grants/

Obituary: Poppy Dearborn

Deb Moore



The NZCCP Nelson Marlborough members were saddened by the recent death of long standing colleague, Poppy Dearborn, after a long illness.

Poppy was an early member of NZCCP, and involved with the Ethics and later BOMPS committees at branch level until her retirement from practise in 2010.

She grew up in an academic Jewish family in London, completing a BA at Cambridge in 1964 and an MA in Social Psychology at the London School of Economics. She did some lecturing at London University and Ipswich Polytech in the UK before moving to Perth with her own family.

The family then settled in Motueka, and Poppy knew that she would need to find something to do that was interesting and stimulating. She initially trained as a teacher with the intention of working in Educational Psychology but was unable to progress this. She was then offered a job as an Assistant Clinical Psychologist, working with children and families at the Community Clinic of the Nelson Hospital Board. In 1981 she gave a conference paper on 'Day Care – its role in the promotion of mental health and as a prescription for family crisis situations'.

With the Psychologists Act and the requirement for registration imminent, Poppy applied for and was accepted into the MA (Applied) in Clinical & Community Psychology Victoria University programme, commuting each week between Motueka and Wellington until her graduation in 1987. Her Master's thesis involved standardising the norms of the Peabody Picture Vocab Test on school age children.

Poppy was employed by Nelson Marlborough DHB from 1979 to 2010. She worked in the CAMHS service until 2005 when she moved to the adult community MH team until her retirement. She was much in demand as a supervisor for her calm wisdom, validation, challenging when required, and her humour. In her 2007 Performance Appraisal she recorded her goal as being 'To retire at a time when I am considered to be a 'wise woman' rather than 'past my use-by date'.

Poppy had an early interest in Maori culture, completing a Te Reo course and working at ways she could improve service delivery for Maori clients. She was highly skilled in Family Therapy, and particularly enjoyed therapy models that enabled people to tell their story – narrative therapy, psychodrama, ACT. She enjoyed using the DBT model, and she worked with some extremely challenging clients, who all spoke highly of her effect on their lives.

Poppy had a long involvement with Marriage Guidance, and she was one of the early specialist Family Court report writers, where her wise and pragmatic approach was much appreciated by all the professionals working in the area, as well as most of the families.

Poppy had a wonderful warm personality and sense of humour which enabled her to connect well with people of all ages. For many years she also grew pears, supplying her colleagues, as well as the Nelson Market on Saturday mornings which she greatly enjoyed.

As a friend & psychotherapist colleague wrote for her memorial service:
'Ultimately what came over to me was her generosity for the world and towards people in it, accompanied by her deep rooted kindness and acceptance towards other people and other institutions. She used a loving humour towards aspects of the world that were different from her own.

Poppy had a huge repertoire of funny stories that was used to illustrate these different positions. Any positions were game for laughter - laughter not at, but with. There was a delicious sweetness to her humour, never wounding, and somehow giving a breadth to my understanding of people and the world'.

Poppy approached her illness with great determination and positivity, setting herself goals, assisted by the arrivals of new grandchildren at steps along the way whom she was determined to enjoy, and doing as much as she could – travelling, music and movies, skiing all over the world with her family, and enjoying life to the fullest.

MPS responses to questions about keeping records

1. What is the situation where a client may request that records be destroyed at the conclusion of contact? Are we bound to follow their request?
In summary, and expanded upon below, the clinical records are the psychologists' aide memoir, kept for the purpose of providing treatment to the client. Clients have rights to access and correct the information in the record; they do not have the right to ask for the records to be destroyed at the conclusion of contact. In addition, the psychologist, as discussed below, has an obligation to ensure that the health information is kept for a period of ten years following the client's last contact with the psychologist unless the

clinical record is transferred to another provider, given to the individual client or transferred to a personal representative, if the client has died. It is strongly recommended that the psychologist retains a copy of the notes if they are released to the client within the 10 year period, and this is particularly important if the clinical record is not being forwarded to another treating clinician.

Clinical notes are necessary to ensure that there is an accurate and contemporaneous record of the consultation. If the psychologist becomes aware of concerns that their client may have about recording information, then this should ideally be explored in one of the initial sessions. There may be ways that the psychologist can record the consultation in a way that keeps the client happy, but does not detract from the overall aim of constructing an accurate record of the session e.g. instead of "the client disclosed that they were sexually abused by Mr Jones", "the client disclosed a previous episode of sexual abuse". If the client insists that no records during the period of contact may be kept, then this may result in an untenable situation where the psychologist has no option but to advise the client that they cannot proceed with the sessions under these circumstances.

I cannot stress enough the importance of the psychologist having a discussion with their client during the first session, aligning the expectations of both parties as to the purpose for collecting health information, what will be done with it, how it will be stored, rights of access to it etc.

Where a request to destroy the records comes at the conclusion of contact, a number of the provisions of the Health Information Privacy Code (HIPC) and Health (Retention of Health Information) Regulations 1996 (the Regulations) apply.[1] The psychologist cannot destroy the file, but can either decide to hand the file over to the patient, or retain it and advise the patient that they will consider any request for corrections to the note. What is important is that the client does not have the right to request that the records be destroyed.

Individuals have a right to access their personal health information under Rule 6 of the HIPC, but this does not give individuals the right to take away original records. The psychologist could however decide to hand the notes for the clients' safe keeping, and this is permissible under Section 6(2)(b) of the Regulations. If the psychologist considers handing the client record to a client then serious consideration must be given to whether or not reading the clinical record would be likely to prejudice the client's physical or mental health, because if there is a risk of such an outcome the file should be retained.

There is danger in not retaining either the original record or a copy of the record, in that if there was a subsequent complaint it would be more difficult to answer it without notes. For this reason MPS would strongly advise that the psychologist retains the original record or a copy of the record. If the psychologist makes the decision to hand over the original record and to not keep a copy, then at the very least a minimal amount of information should be kept, such as all financial information, a record of the dates of consultations, and a summary of the types of information in the record. If the record was going to be handed over in such a way I would think there would need to be a signed agreement that the client had requested that they held the record, and they assumed all responsibility for the retention and security of the record. It would also be preferable that if there was an enquiry or complaint about the care, the patient would agree to make the record available so the psychologist could respond.

Rule 7 of the HIPC concerns the correction of clinical records. A psychologist would be obliged to consider any requested deletions or alterations, and to follow the provisions set out in Rule 7.

2. What is the position with respect to documents, letters or written material a client has provided during the course of consultations?

a. Do they have the right to have these returned on their request?

b. Am I permitted to retain a copy?

I have assumed that in this question you are referring to unsolicited information, i.e. information that you have not asked the client for and which may or may not be helpful for their ongoing treatment. If the information is unsolicited, then it is wise,

[1] http://legislation.govt.nz/regulation/public/1996/0343/latest/whole.html

before accepting it, to ensure that the client understands that once accepted, you may view its contents as relevant to their future treatment and may wish to record information from the document or ask for a copy of it. If the information in the document is not relevant to the client's treatment, then it should be returned.

If these documents belonged to the client and concerned the client's health information, then the client would have the discretion to share this health information with the psychologist. The client would have the right to request this information be returned to them during the consultation and the discretion to decide whether they would permit the psychologist make a copy of it. Again the psychologist may need to have a conversation with their client about how the client's refusal to let the psychologist retain a copy impacted on the psychologist's ability to provide services.

Once a document containing health information about that individual had been provided to the psychologist and attached to the record, Rule 6 would apply as above. While the point when attachment first occurred may be debatable, from a practical viewpoint this would probably occur when the patient left the session leaving the document or its copy with the psychologist. The intentions of the client as to what the psychologist could do with the document would be highly relevant as would the nature of the document as some documents may not be considered to be health information.

I again reinforce that the client cannot demand return of the original or destruction of the copy. I do note however that the rationale for retaining notes (to enable the psychologist to subsequently defend themself) is not as strong where it is not the psychologist's own notes being sought. If the psychologist was holding the original document but the client wanted it returned, it could be returned, with the client taking responsibility for its security as above. It could not of course be destroyed.

If however the document had originally been photocopied and the original kept by the client the photocopy could be destroyed. It would be prudent for the psychologist to satisfy themselves that the client still retained the original and then to record this e.g. "copy destroyed at client's request; original held by client" as the psychologist, once they have accepted a document as being relevant to treatment, has an obligation to ensure its reasonable security particularly if its contents are relevant to treatment.

3. If we destroy a file at the client's request at the conclusion of consultations (or within the ten year period) and do not retain a copy of any documents or material that they have provided over the course of their consultations what is the situation should a past client at some later date lay a complaint with the Health & Disability Commissioner?

Section 5 of the Regulations stipulates that records need to be retained for a minimum period of 10 years from the date the provider last provided services to that individual (although under section 6(2)(b) this doesn't stop the provider handing over the notes to the individual). It is prudent to extend this to 10 years from the date correspondence about the client is received e.g. if after the consultation the psychologist subsequently receives a letter about the client from another provider, then the 10year period should run from the date of receipt of this letter. I also reinforce that the psychologist should not destroy the notes within this 10 year period.

Not retaining records does make it more difficult to respond to a subsequent complaint or investigation. The MPS is aware of cases where GP's have transferred notes to another GP and then subsequently find themselves in the position of having to respond to a complaint. Under these circumstances it is permissible to request a copy of the notes for the purpose of responding to the complaint. MPS is also aware of one case where the HDC provided a GP with a copy of the notes that it had in its possession so that the GP could respond to the complaint. It also would be in keeping with the principles of natural justice for a psychologist to have access to the notes in order to defend themselves. It is of course easier to retain records in the first place.

4. Is there a cut-off date from the end of therapy after which past clients may no longer lay a complaint?

I recall when a MPS delegate spoke at one of our conferences a few years ago, they implied that if we destroy our notes, we destroy our ability to respond meaningfully to a complaint should one emerge at some later date.

No such cut-off date exists. While Rule 9 of the HIPC states that information must not be kept longer than it is required for the purposes for which the information may be lawfully used, it is permissible to retain information as long as there remains some lawful purpose. There are circumstances where it would be desirable to retain information for longer than 10 years.

The publication of the Psychologists Board; Keeping Records of Psychological Services, states that "[m]ental health services, obstetrics, and services to children are often included in lists of services where it is optimal to keep records for longer than the minimum requisite years, all of which may include psychological services. Where there is good reason for extending the period of retention, records should be retained for longer periods."[2]

In MPS's view it would also be appropriate to retain these records longer than the minimum period of 10 years where the psychologist anticipated that they may need the notes in order to respond to a complaint or investigation.

5. In the event of a client dying by suicide, do their records have to be retained for 10 years? I understand that the Health Commissioner recently specified that they must remain confidential for 20 years.
The records of all individuals, (which includes deceased persons; section 2 of the Regulations) need to be retained for a minimum of 10 years. The mechanism of death does not affect this requirement.

Rule 11(6) of the HIPC states that health providers will be exempted from Rule 11 of the HIPC (which concerns the rules surrounding the disclosure of health information), where an identifiable deceased person has been dead for more than 20 years. After 20 years the psychologist would have no limits placed on their disclosure of a client's health information under the HIPC. Any exercise of the psychologist's discretion to disclose information in these circumstances may however be scrutinised by the New Zealand Psychologists Board and it would be important to comply with any ethical obligations.[3]

6. What are the ethics of using digital storage and/or cloud based storage?
While the HIPC does not specify the way in which health information must be stored, Rule 5(1)(a) states that a health agency that holds health information must ensure that the information is protected by such security safeguards as it is reasonable in the circumstances to take against loss, unauthorised access or other misuse of the information.

I am not an IT expert, but I understand cloud based storage to be a model of networked online storage where data is stored in virtualized pools of storage which are generally hosted by third parties. Without detailed knowledge about this system I cannot give advice on the appropriateness of using it, but I have concerns about information stored on an online network by third parties. If such a system for storage was used, it would be necessary for the psychologist to be satisfied that appropriate security safeguards were in place, and that such a system was no less secure than digital storage on, for example, a workplace computer with password settings.

Summary of the Psychology Profession Advisory Forum (PPAF) meeting, 19 November

Update cultural competence activities
The NSCBI has suggested that the Board revisit Michelle Levy's (2002) report on *Barriers and Incentives to Māori Participation in the Profession of Psychology*. It was noted that Professor Joseph Betancourt will give a presentation in Auckland on March 4, 2014. (Aside: Professor Betancourt's primary interests include cross-cultural medicine, minority recruitment into the health professions, and minority health/health policy research.)

Update and further discussion re the Board's complaints processes
Some very useful discussions have been ongoing since these concerns were raised in August, and a series of meetings between Family Court Report Writers and the Board's

[2] http://www.psychologistsboard.org.nz/cms_show_download.php?id=138
[3] refer to 1.6.9 and 1.6.10 of the Code of Ethics for Psychologists working in Aotearoa/New Zealand 2002: http://www.psychologistsboard.org.nz/cms_show_download.php?id=31)

CE/Registrar (Steve Osborne) has been held in New Plymouth, Hamilton, Napier, Auckland, Wellington, Nelson and Christchurch and Steve will then meet with senior staff at the Ministry of Justice to review what has been learned and what (if any) changes to its processes the court might want to consider. In these meetings Family Court Report Writers and Court Coordinators raised some additional concerns, but overall there was good support for the Board's management of complaints. Some useful suggestions for improvements to the Board's processes were also garnered, and will be actioned. Although the length of time to process complaints was raised as a concern, it has been discovered that the NZPB is actually quite efficient when compared to similar authorities in the UK and Australia. The Board will nonetheless continue to look for opportunities to make the process more efficient.

The Board will also update its complaints material to enhance practitioners' awareness of timeframes, legal requirements, and routine processes. They are keen for practitioners to understand, amongst other things, the need for the Board to remain neutral in the process (which we appreciate can be difficult for some practitioners).

Deferral of Registration fees for Intern Psychologists

Concerns were expressed about the Board's requirement for students to pay the full registration fee, with no option of deferral until "full" registration (as used to be available). Steve explained the history of this matter, noting that when a deferral option was given it was only when an APC fee was also charged. Once the APC fee for Interns was dropped it was decided to no longer offer deferral for registration fees, thereby leaving students with only a slightly higher burden at the time of initial registration. This decision also reduced a number of risks for the Board, which had seen some students drop out and/or go overseas without paying the deferred fee. It was also noted that the fee is a gazetted regulation under the HPCA Act, and is a prescribed part of the application requirements. It is uncertain if a student could actually be considered to be legally registered if they had not yet paid the fee (which might be a risk to the student, to their clients, and to the Board). It was also noted that, under Treasury guidelines, the Board must set fees on a purely cost-recovery basis, and cannot allow any cross-subsidisation (e.g., where students pay a lower fee for the same service provided to other applicants). Finally, Steve noted that he receives very few requests for deferral, and (despite the risks) considers them on a case-by-case basis. He has very recently granted such a request where the student only needed a couple of months to pay.

HoDs and PDs reported that:

- HoDs have concerns regarding the quantum of Marsden funding available to psychology. This fund has never quite achieved its aim, despite psychology departments doing very well in PBRF assessments.
- Applications for VUW's Clinical programme for 2014 are on par with two years ago, after a big bump last year. They have also received 35 Masters thesis applications, which is way up. There may, however, be a corresponding drop in Doctoral programme applications, leading folk to wonder if the government's cuts to student allowances may be having an adverse impact.
- VUW's Education faculty is undergoing major restructuring, which may impact on the Educational Psychology programme. It was agreed that an EdPsych representative is needed from for PPAF.

DHB Professional Leaders reported that:

The DHB Professional Leaders had a meeting 2 - 3 weeks ago. The main topics of discussion were;

- The allocation of funds by HWNZ for internships. Slow progress is being made.
- Trying to get consistency of titles across DHBs. Specifically: Intern Psychologist, Psychologist, Senior Psychologist, and Consultant Psychologist.
- The possible threat to Psychology Advisor positions. Waikato no longer has an Advisor, and the Bay of Plenty and Canterbury positions may be under threat. The DHB Leaders are trying to maintain these positions, as they are seen as valuable to the system. It is hoped that there will not be any massive losses, but "watch this space".
- Ways of increasing psychology's presence in primary health. Most salaried positions are in secondary and tertiary services, but there is a lot psychologists could contribute via primary health.

DSM 5 in New Zealand

The DHB Advisors have concerns about the silence around use of the DSM 5 in New Zealand. There has been no process for its introduction and no training in its use (at the DHB level). Universities are teaching to it, and Interns have brand new copies. John Crawshaw (Ministry of Health) was approached about these concerns, but his response was not encouraging. (It was noted that the Ministry uses the ICD for all coding, and are therefore unlikely to switch to the DSM.) Finally, it was noted that the DSM 5 is an opportunity lost, as it has no alignment with psychology research and theory.

The Psychologists Board reported that:

- The Board has formally launched a major review of its accreditation "*Standards and Procedures*", and that the process is well underway. A broad-ranging survey is now being developed, and it will be followed by a major consultation workshop in February. Some of the issues to be addressed were briefly outlined.
- The Board has also launched a major review of its registration standards. This will be a robust process, focussing on what has worked well and what hasn't. A Working Party has drafted Terms of Reference and a work plan (which will include lots of consultation) for the review.
- In regard to the proposed amalgamation of secretariats, the Nursing Council and the Medical Council have both decided to remain independent. The Board continues to work with like-minded RAs to progress a shared business unit, but it is unclear what form that will eventually take.
- A number of best practice guidelines are currently being developed.
- The consultation on the draft Core Competencies for the Counselling Psychologist Scope closed on 15 November. Fourteen submissions were received. The consultation results had not yet been considered by the Board.
- A summary report on the 5th International Congress on Licensure, Certification and Credentialing in Psychology has been published. Moana Waitoki and Steve Osborne have both been named to the core Working Group, which will progress the project over the coming 2 - 3 years. It will be important for the NZPsS, NZCCP, PsyBA, and APPSN members to be fully engaged with and well informed about the project as it proceeds.

The next PPAF meeting will be held on 18 February.

ACC/NZCCP/NZPsS liaison meeting, 13 November

The upcoming tender for the new sensitive claims contract from ACC opens in late February/early March 2014.

The tender training sessions will be run in the main centres to help providers navigate the tender in early February. Invitations will be sent out in late November.

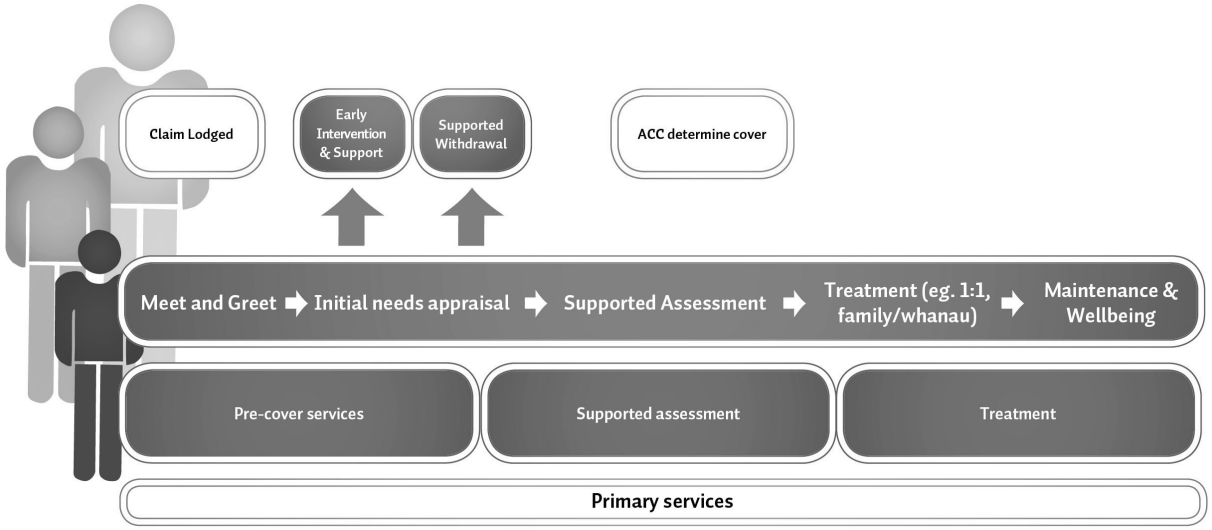
ACC is well aware that for many providers a tender is a brand new experience and they are focusing the sessions on how to take part in the tender, but they'll also talk through indicative pricing for the integrated sensitive claims contract, and give an overview of the new service design.

The service design has been a hugely collaborative piece of work as ACC has worked with so many people over the last twelve months to get the new service right – from professional bodies, clients, individual practitioners, to our own sensitive claims and cultural services staff. They're hugely grateful for everyone's time and are looking forward to presenting the new design more widely in February.

The new contract

The main change between current contracts and the new contract is the addition of a 'supplier'. The supplier is simply the legal entity that holds the contract. It could be a company, or an individual.

The supplier will need to be able to provide the primary services in the integrated sensitive claims service. They can do this using their own skills and those of other providers to do this.



Psychologists wishing to continue providing services to ACC clients with a sensitive claim from late 2014 will need to be part of a new integrated sensitive claims contract.

There are several options open to them.

One option is to be a 'named provider' on another Supplier's contract or contracts (you can sign up to multiple contracts). In negotiation with potential Suppliers, you could arrange to provide the services you're particularly interested in – for example, only providing assessment services.

The other main option is to become a Supplier and hold a contract with ACC. This means you'll be in charge of the contract, and will need to take part in the tender, starting late Feb/early March 2014.

Psychologists who are interested in providing counselling services only could continue to work under the current Cost of Treatment Regulations, or choose to be part of the new integrated contract, or both.

To stay up to date with the sensitive claims service redesign, make sure you're registered for the monthly stakeholder update (email specialisedtreatment@acc.co.nz and put Subscribe in the subject line to register for the update). You can also check the latest information on ACC's website here.

Prestigious "Te Tuna Nui" Trophy Changes Hands

A very pleased Simon Bennett takes custodianship of the Te Tuna Nui trophy

The "Te Tuna Nui" (translated as The Big Eel) trophy was established during January of 2013 as a way for Maori psychologists to put a bit of spice and competition into their open water swimming training. The inaugural event was the Capital Classic, a 3.3km ocean swim in Wellington, on January 2013, and it saw fierce competition between College members, Luke Rowe, Lisa Cherrington, Simon Bennett and Clive Banks. Despite being severely handicapped by age-related decrepitude, Clive Banks was the foundational winner.

The trophy was once again up for grabs for the swim-leg of the Iron Maori half iron-man event held in Napier on 7 December, 2013. The original four were joined by John Pahina and Bronwyn Campbell for what would turn out to be a 2 kilometre battle in washing

machine like turbulence. This was however relatively calm compared to the many months of trash-talk and psychological intimidation that preceded the event. Many of the competitors resorted to tactics such as training and eating well and the protest committee will be looking into this as there are fears that this type of carry-on may be against the spirit of the trophy.

We are very hopeful that other Maori psychologists will move from teasing and threatening to showing us "how it's done by experts" and donning wet-suits and flattering latex swim-caps and joining us. The next defence will be at the Capital Classic on 26 January, 2014. Stay tuned for updates.

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

Chris Skellett

In this new feature column, clinicians are invited to share their love of animals, and how their endearing features can inform our clinical practice. We begin with Chris Skellett who has learned more from his pet donkeys than he ever did from his lecturers about clinical style.

There are so many stories that I could tell about donkeys. Widely misunderstood as stubborn, they are actually very inquisitive. They hold great distain for the tedious conformity of horses, who simply comply with instruction and question nothing. Donkeys are like oppositional, antisocial clients, who can seem obstructive but often, deep inside, have a heart of gold.

The key thing about interacting with donkeys is to avoid a 'donkey stand-off'. This is where the human is tugging furiously forwards, whilst the donkey simply leans backwards and won't budge.

The solution is simple: Stop pulling, then go and stand beside the donkey and gaze wistfully forwards, side by side. Then quietly say 'let's walk on', and, even though the donkey may never have heard of the expression, it will invariably respond positively to this reasonable invitation to a shared and agreeable plan.

The human and the donkey will then usually both move forward towards a shared vision. Try it with your clients (metaphorically of course!). There is only ever one winner in a donkey stand-off, so avoid it at all costs!

NZCCP National Education Training Timetable

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

TRAINING TIMETABLE

NZCCP Events

LOCATION	MONTH	PRESENTER/ CONTENT
Nelson	Mid February	Janet Carter/ Interpersonal Therapy Workshop (two days)
Nelson	Mid March	Tony Morrison/ Assessing Outcomes, using OQ45 with adults and children (one day)
Christchurch	10-14 April 2014	ACPA/NZCCP joint Conference and associated workshops

Other

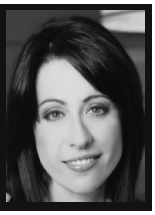
LOCATION	MONTH	PRESENTER/ CONTENT
Wellington	27-28 January	Dr Russ Harris/ACT: The Art of Mindfulness
Auckland	30-31 January	Dr Russ Harris/ACT: The Art of Mindfulness
Dunedin	20 February	Dr Pieter Rossouw/Neuropsychotherapy for Depression
Dunedin	20-23 March	39th Annual Scientific Meeting of the NZ Pain Society
Mt Ruapehu	3-6 April	NZAP Conference

CLASSIFIED

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

2014 Trauma Education

presented by Dr Leah Giarratano



LIMITED PLACES. REGISTER EARLY.

Two CPD activities for all mental health professionals: 14 CPD hours for each activity.

Clinical skills for treating posttraumatic stress disorder (Treating PTSD)

This two-day (9am-5pm) 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 practical skills and up-to-date research in this area.

1-2 May, Gold Coast	**22-23 May, Melbourne CBD**	**12-13 June, Perth CBD**
8-9 May, Canberra CBD	**29-30 May, Sydney CBD**	**19-20 June, Adelaide CBD**
15-16 May, Townsville CBD		**26-27 June, Auckland CBD**

**** NEW Clinical skills for treating COMPLEX trauma (Treating Complex Trauma) NEW****

This advanced two-day (9am-5pm) program focuses upon treatment for adult survivors of child abuse and neglect. Participants must have completed the 'Treating PTSD' program. The workshop completes Leah's four-day basic training for professionals working with traumatised clients; the content is applicable to both adult and adolescent populations. The program incorporates practical techniques from ACT, CBT, DBT, EFT, Metacognitive Therapy and Schema Therapy.

5-6 June, Cairns CBD	**31 July-1 August, Auckland CBD**	**30-31 October, Newcastle CBD**
17-18 July, Melbourne CBD	**23-24 October, Perth CBD**	**6-7 November, Brisbane CBD**
24-25 July, Sydney CBD		**13-14 November, Adelaide CBD**

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

Travel to Australia $500 AUD (when you fax this form to pay for an Australian workshop with a Visa or Master card)
Auckland Super Early Bird $550 AUD (pay online by 31/12/13) **Auckland Early Bird $600 AUD** (pay online by 31/3/14)
Auckland Normal Fee $650 AUD (pay online after 31/3/14)

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

Direct your enquiries to Joshua George on (00612) 9823 3374 (phone/fax/voice) Email**: mail@talominbooks.com**

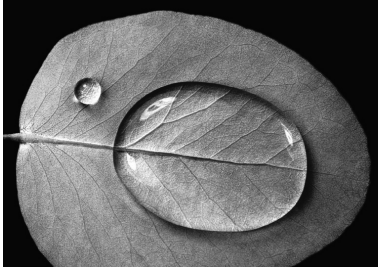
For more details about these offerings and books by Leah Giarratano refer to www.talominbooks.com

Registration/ Reservation Form
or register securely online at www.talominbooks.com

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

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

Cheques are to be made out to Talomin Books Pty Ltd and mailed to PO Box 877, Mascot NSW 1460 Australia
If payment is made with a credit card (or if you are reserving a place), simply complete the information above and fax this page to (00612) 9823 3374.
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.



ACCEPTANCE & COMMITMENT THERAPY

The Art of Mindfulness

Dr Russ Harris is now running workshops in:

Wellington: Jan 27-28, 2014
Auckland: Jan 30-31, 2014

To register, visit:
www.actmindfully.com.au/auckland
www.actmindfully.com.au/wellington

Over 14,000 Australian therapists have attended Russ's workshops!

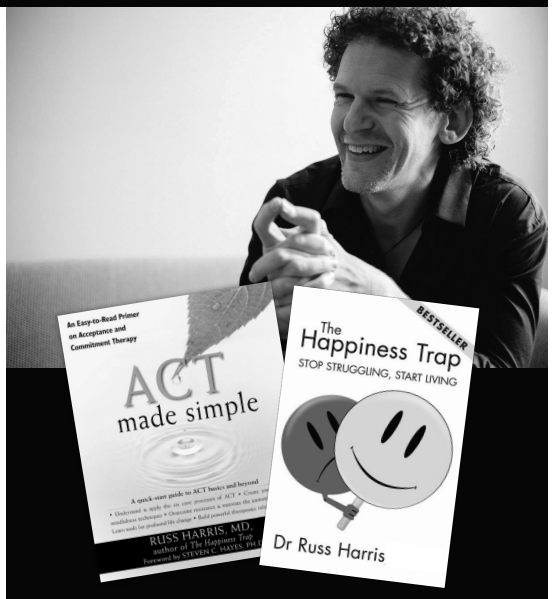
The aim of ACT is to create a rich, full and meaningful life, through mindfulness and values-guided action. Do you like the idea of:

- ***Mindfulness without meditation***
- ***Motivation without coercion***
- ***Symptom reduction without trying***
- ***Meaning, fulfillment and vitality – for both clients and therapists***

If so, come to one of our workshops! Numerous published studies show good results for ACT with depression, OCD, GAD, social anxiety disorder, addictions, chronic pain, schizophrenia, and many other conditions.

The introductory workshop includes *a vast range of free resources* including:

A copy of Russ's book, The Happiness Trap
A copy of Russ's CD, Mindfulness Skills: Volume 1
A brand new 3-month e-course to get you started: 'Dipping Your Toes Into ACT'
Numerous training videos, MP3s, PDFs, handouts, worksheets, and much more!



Dr Russ Harris, internationally-acclaimed ACT trainer, is the author of the world's best-selling ACT book, *The Happiness Trap,* as well as seven others, including *ACT Made Simple* and *The Reality Slap*

'Russ Harris is brilliant in his ability to present complex clinical ideas in an accessible way. He has put in the years to understand the ACT model deeply, to apply and extend it with integrity … and brought his clinical creativity to new methods and new ways of getting to the heart of these issues with clients.'
– Steven C. Hayes, creator of ACT

For details, visit www.actmindfully.com.au