



ShrinkRAP

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

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**Ka puta a Matariki, ka rere haere a Whaanui.
*Koia nei te tohu mo te tau hou.***

*When Matariki re-appears, Whaanui starts its flight.
This is sign for the new year.*

College News

There has been a fair bit of activity, political and otherwise, since the last ShrinkRAP.

The Ministry of Health asked for nominations to the National Health Committee, which has been recently refocused to take a role in prioritising new and existing technologies, interventions and services. Lois Surgenor, Malcolm Stewart, Erin Eggleston and Kay Cunningham have all been nominated to represent the College on the Committee.

Submissions have been made to the ACC regarding the postponement of Sector Liaison Group meetings, and to the Ministry of Health in response to the plan to amalgamate and contract the Regulatory Authorities. The College also responded to a request for comment on the Health Workforce N.Z. Draft Prioritisation Criteria and on the draft document "Reporting Suicide – a resource for the media"

The Executive will be meeting in the next month or so with representatives from the Ministry of Health and the Mental Health Commission to discuss the Mental Health and Addiction Service Development Plan.

College member, Kirsten van Kessel has consulted with some professional bodies and gathered some information in regards to developing a Professional Will.

The main points for consideration are:

- Psychologists should include provision for that forward planning in the hopefully unlikely event of sudden death or being incapacitated.
- A Professional Will should state which psychology colleague or organisation is going to take primary responsibility for looking after records to retain for the required ten years, and directions for an Executor on whom they can call to assist in the immediate aftermath with contacting clients, assisting with any cleansing of electronic storage systems such as computer or laptop. Possibly the professional supervisor, partner in a private practice or senior colleague may be useful at such a time, particularly if forward plans are left unclear.

At this stage there is no existing proforma document, but Kirsten is currently developing one for her private practice.

After many months of consultation and discussion the Psychologists Board, the Psychological Society and the College have jointly commissioned the translation of the Code of Ethics into Te Reo. As it serves as a guide to the public and to practitioners as to how psychologists should conduct themselves, it is important to the profession that this core document be available in both of New Zealand's official written languages. It was agreed that an *accurate* translation of the Code of Ethics would be prepared and that all published versions will include the

following disclaimer: "This document has been prepared and approved as an accurate translation of the original (English) version". It was also noted that, although the Courts and the Health Practitioners Disciplinary Tribunal refer to the Code as a guide to proper conduct, it is an *aspirational* document that guides how psychologists *should* act, not one which prescribes how psychologists *must* act. The translated version should be ready for publication in early August.

And last but not least, as the current financial year ends on 30 June 2011 it's now time to renew your membership with the College and with MPS, if applicable

Membership News

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

Full Members of the College:

Emma Bosworth, Christchurch
Jan Dickson, Palmerston North
Elsabe van Wyk, Whakatane
Renee Seebeck, Palmerston North (Linda Zampese, Christchurch)
Lizzie Kent, Palmerston North
Penny Kokot Louw, Auckland
Lindon Pullan, Canterbury
Don Baken, Palmerston North
Joy Rogers, Otago/Southland
Alex Mortlock, Canterbury
Sean Versteegh, Otaki
Mark Ottley, Christchurch
Kirsty Williams, Wellington

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

The following people have been approved as

Associate Members of the College:

Megan Humphrey, Wellington
Nina McLoughlin, Wellington
Carol Osborne, Auckland
Katrina Stanley, Canterbury
Katherine Mackay, Wellington

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

The inaugural **Susan Selway Memorial Scholarship** was launched at the beginning of June at the Canterbury graduand party. In recognition that the aftermath of the earthquakes in Christchurch is likely to have created ongoing difficulties for psychologists

working in Christchurch, possibly including more difficulty than usual with funding continuing educational activities, this special scholarship has been established by the NZCCP Auckland Branch jointly with the National Office for the period of 5 years (offered in 2011 - 2015) that is open only to NZCCP members (of any membership category) resident/working in Christchurch. The purpose of the scholarship is 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 been named The Susan Selway Memorial Scholarships, in honour of Susan Selway, a clinical psychologist and College member, who was killed in the 22 February 2011 earthquake.

This scholarship has a total value of \$1200 per annum, and is distributed as four grants of \$300 each per year.

The \$6,000 required for the 5 year life of this scholarship is jointly funded from the NZCCP Auckland Branch and from the NZCCP National Office from their share of the profit of the 2011 NZCCP Conference.

Criteria: Criteria for eligibility and selection for this grant include

- Being a resident or working in the Christchurch area and being adversely affected either professionally or personally by the earthquakes.
- That you are applying for funding to attend a continuing educational opportunity relevant to your work as a clinical psychologist.
- That you have not received the scholarship within the previous two years, unless insufficient other applications are received.

Applications should be completed on the grant application form available from the College office or at <http://www.nzccp.co.nz/about/awards-and-grants/> and submitted with supporting documentation to the College Executive Director by 27 July 2011. The successful applicants will be chosen by lottery from all eligible applications using the criteria above and will be informed by the end of July.

Christchurch Psychologists Need Support Too

Wanting to help those still suffering from the ongoing aftermath of the Christchurch earthquakes, the Wellington Branch of the

New Zealand College of Clinical Psychologists (NZCCP) has donated \$2,000 to their colleagues at the Christchurch Branch.

Those of us not living in Christchurch may find it difficult to understand what the people of Christchurch are experiencing on a day to day basis. We hear of the stories of devastation and disruptions, but can't imagine what it would be like not to have access to the daily routines we are so comfortable in. The Wellington branch was surprised to hear how many basic needs Christchurch residents continue to live without; things we take for granted as part of our daily lives. Imagine not having access to your place of business or to your office. Post graduate students are living in emergency housing without access to their laptops and with years' of work lost.

Our colleagues along with many others in Christchurch continue to provide support and rebuild their city after months of living with homes that have been shattered, chemical toilets and quite simply without the everyday comforts we have. We must continue to support the residents of Christchurch and to remember that those who provide help and support need support as well.

In addition to this, members of the Wellington NZCCP have offered weekend and short stay respite in their homes, so as to give their colleagues a break from the continuing stress of the ongoing earth movements.

Canterbury Members Grateful

College members in Canterbury have expressed deep gratitude to their national colleagues for their compassion and understanding of what people are going through in Christchurch and for the generosity and goodwill that has been shown by the donations and contributions including the offers of holiday homes and respite accommodation.

British Psych Society Slams DSM System

The British Psychological Society has published their official comment on the DSM system.

They are expressing concern that "clients and the general public are negatively affected by the continued and continuous medicalisation

of their natural and normal responses to their experiences".

In particular the Society has "significant concerns over consideration of inclusion off "attenuated psychosis syndrome".... [which] could be seen as an opportunity to stigmatize eccentric people, and to lower the threshold for achieving a diagnosis of psychosis".

Please contact the College office for the full paper and/or you can join the discussion on the NZCCP website forum at <http://www.nzccp.co.nz/forum/forum-access/> or go to the following link for an interesting blog post on the issue: <http://forensicpsychologist.blogspot.com/2011/06/brits-psychiatric-diagnosis-needs-new.html>

ACC News

ACC meeting with the Psychological Society and the College.

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

Issues regarding the provision of services in Canterbury

The NZCCP sent a letter to ACC regarding a framework for ACC funded psychological services. It was noted that the framework did not deviate significantly from that put up by ACC.

It was noted that the expected flood of claims from Canterbury since the earthquake had not happened. ACC is currently using its pool of contracted providers to deal with the claims which have come in. Should the number of claims increase, ACC may seek other providers who are not currently contracted by ACC as long as they have the appropriate training and experience in trauma. ACC has compiled a list of psychologists and psychiatrists who are willing to provide services.

It was noted that ACC has streamlined its processes in response to the needs in Canterbury and will be applying this learning to its regular processes.

It was noted also that the quality of mental injury assessment reports done for the first

time by clinical psychologists has been generally excellent – the reports have been clear comprehensive and well integrated.

Kris and Peter indicated that ACC will continue to meet, at regular intervals, with front line providers.

Feedback from NZCCP and NZPsS members

These related to the following issues:

- *ACC's policy related to the age at which clients are considered able to consent to the release of information.*
The age of consent is guided by the New Zealand legal framework which indicates 16 years as a starting point but also requires judgments to be made on a case by case basis. In following this ACC may apply some flexibility based on the particular circumstances.
- *While it has been agreed that a mental injury substantially or materially linked to a Schedule 3 event does not require a DSM IV diagnosis, the current IART form requires that treatment interventions be linked to a diagnosis. Is this form going to be changed?*
ACC responded that the form will be changed
- *Further the IART form requires very specific goals to be made linked to this diagnosis and mode of intervention. Given that the assessor is no longer the service provider will there be changes in this requirement? For instance that the assessor provide broad recommendations on areas of intervention for rehabilitation and that the client and counsellor specify the goals within these areas. This would then enable clients and counsellors to jointly develop the more specific goals required, a process that is important in the establishment of a therapeutic relationship and the therapeutic process.*
The IARTs form requires the assessor to make a diagnosis and recommendations re the treatment options modality. When psychologists make these assessments they are likely to recommend interventions consistent with their professional group (e.g.

CBT) and the case manager is likely to then look for a psychologist which may exclude counsellors and psychotherapists from treating clients. This is a problem which will impact on the numbers of therapists able to take on this work, and may mean the client is unable to see the service provider of their choice.

The IART assessment must set out general recommendations for intervention. The provider doing the intervention will provide specific goals and interventions related to the presenting problems which are caused by the sexual abuse. During the therapeutic assessment, the intervention provider will clarify aspects of the client's presentation as required and establish goals in collaboration with the client in the first few sessions.

- *Could ACC clarify what process they intend putting in place re the credentialing of people working with child/adolescent clients. Counsellors working with children were asked some time ago to provide evidence of their qualifications etc but have heard nothing since. What is actually happening?*
The Child and Adolescent working group were asked for feedback six weeks ago on these issues so this is a work in progress and the next meeting is 11 May.
- *What is ACC's policy/future plans on the issue of having a child's family involved in treatment when appropriate.*
ACC expects that family members will be involved in the therapeutic process and this will be conveyed formally to providers. ACC will be flexible on this issue depending on the age/needs of the children.
- *Issue of general scope psychologists as well as clinical scope psychologists being considered as proficient in psychologist contract work for ACC.*
ACC is looking at contracting psychologists who are registered, have an APC and have relevant current qualifications and experience and are engaged in continuing professional development. This is likely to include some psychologists

who are currently registered under the General Scope. The issue for any contract will be what skills and experience are needed, not just the scope for assessment and treatment work. The current priority is identifying psychologists who are specialized in assessment and intervention with children and adolescents

- *It was pointed out that Case Managers sometimes have little idea about what psychologists actually do or have little understanding of psychological intervention.*

The psychologist needs to talk with the local BAP about specific concerns regarding case managers so that these issues can be investigated and resolved.

New Zealand Consensus Statement on the Health Benefits of Work

There was a discussion on the New Zealand Consensus Statement on the Health Benefits of Work on behalf of the Australasian Faculty of Occupational and Environmental Medicine (AFOEM). NZPsS had declined to endorse this statement because it was believed that the statement does not adequately note the importance of equitable working conditions and remuneration, particularly gender equity, nor the need to see work within the context of family and other commitments and activities, and that workplaces need to be as supportive as is reasonable of these.

SCAG Meeting 24 March 2011

The first quarter saw a relatively brief meeting in its formal sense, as the majority of the meeting was spent giving feedback to Barbara Disley (chairperson of the independent review) on the ACC's progress on its recommendations.

In a brief presentation before the feedback session, ACC informed us that from its perspective the key gains were the introduction of the 16 hours of support and the increased positive and constructive engagement with the sector, including the initiation of specific working groups (child/adolescent and Maori). They are also in the process of creating specialised teams, based on both physical location (North and South Island) and clinical focus. With this in mind a recruitment drive is in progress for case workers to enable the more efficient processing of work relating to clients.

The key areas of focus at present are trying to set up systems around the 16 support hours so that ACC can understand how these sessions are best utilised and how to support the efficient and clinically useful flow of information from these sessions. They also acknowledge that the process for those returning to counselling remains fraught and in need of resolution. During the last meeting we were informed about a change back to the old way of doing things (in term of 719, 720). This has been delayed as ACC decide whether this 'quick fix' – (or refixing something that wasn't broken!) is best, or whether the solution will lie alongside the other changes that are aimed at facilitating a smooth process from initial lodgement across the lifespan when the need arises.

In general, our positive feedback to Barbara lined up alongside ACC's summary of progress. Many pointed out that although the overall nature of communication might feel more inclusive and positive, they were concerned that a lot of important decisions / judgements are still made "behind closed doors" at ACC. The debate around what constitutes a mental injury and the validity of the 'causal link' requirement is one such issue that, despite the promise of open discussion, has seen very little movement. Many see as a key this issue if we are to move on as a sector as it links in with many other perceived difficulties in terms of clients' experiences, expedience of claims processing, workforce, etc.... Although acknowledged by ACC, feedback to Barbara also emphasised the importance of addressing the issue of returning clients as this is a huge stumbling block for many.

The fact that the review was taking place was applauded by most, as it is a good way to monitor how ACC and the sector are working together for the benefit of our clients. For those who have been involved in previous reviews that in their words...'amounted to little actual change', they await the outcome with some caution. Another space to watch...

If anyone has specific questions to ask ACC, please forward them to Caroline and I can bring them up in the next SCAG meeting.

Thank you,
Catherine Gallagher

SUSAN LYN SELWAY

1st January 1961--22nd February 2011

"THERE WAS SOMETHING ABOUT SUSAN"

Shortly before 1pm on February 22, 2011 a devastating earthquake hit Christchurch. Sadly, among those who died was Susan Lyn Selway, a much loved person and highly respected Christchurch Clinical Psychologist who was with a client in the CTV building at the time. Susan was working from the building temporarily following damage to her previous rooms in the September 2010 earthquake.



Having just celebrated her 50th birthday, Susan was in the prime of life. In recent years she had firmly establishing her reputation as a skilled, empathetic and well regarded Christchurch based clinician. This was particularly so in her work in private practice which included clients such as the New Zealand Police.

Although the demand for her services as a psychologist grew steadily Susan remained steadfast and committed to her long standing voluntary work with the Christchurch STOP programme. Her devotion and energy to the programme and the people who ran it had culminated in her spending the last few years as chair of its board.

In the initial years of building her clinical practice Susan also continued to maintain links with Canterbury University working on her PhD and for a while lecturing in the Psychology Dept. As a student she had demonstrated exceptional academic ability and as a lecturer she was a skilful communicator. Always at ease with an audience, Susan loved to share her knowledge and

students found her energy and enthusiasm inspirational.

Earlier in her life Susan's education and working life had been divided between New Zealand and England. She attended school in Christchurch but then moved to England and achieved an honours degree in Psychology from Warwick University. Following this, she worked in a number of positions in the fast-paced advertising world in London and travelled extensively to many far-flung places.



Having settled back in Christchurch Susan relinquished her job in communication at the Christchurch City Council to follow her dream. She obtained a first class Master's degree in psychology from the University of Canterbury, was accepted into the Clinical Psychology training course and was subsequently awarded a prestigious New Zealand Government Bright Futures scholarship to support doctoral study.

During this period of her life Susan met and married Richard Austin who remained her best friend and great love until the end of her life. Together they were a great team. Susan's flair, sense of humour and love of harmless good fun combined with Richard's social awareness and readiness to engage added shine and sparkle to any occasion. In whatever situation one encountered Susan her presence added value. She was a woman of great personal charm, elegance and poise. Her broad and welcoming smile was always there to brighten any social gathering. She was a ready and adept communicator, from social to clinical settings, from temporary lecturing at Canterbury University to the boardroom, from the dinner table to the coffee bar. She combined her ready social skills with a fine capacity to organise. She was always willing to take on new tasks and to help others.

One of Susan's standout qualities was her kind and loving heart. The care she consistently extended to all in her extended family and to her many friends was pivotal to who she was. The full extent of the selfless giving of her time and energy to those who turned to her when they were in need of support or encouragement became apparent at her funeral when many of these people paid tribute to this and many other qualities that Susan had. Although she led a very full life Susan was never too busy or self preoccupied to provide love and support, a smile or a kind word.

It is hard to believe that Susan is no longer with us. The world has lost one of its brighter stars. Susan is already sorely missed and will not be forgotten. She could almost always see a positive side to any situation, never spoke ill of others and was held in great affection by all who knew her. Goodbye Susan, we love you and feel privileged to have known you, albeit too briefly.

Averil Overton & Ken Strongman

SPECIAL ACCOLADE

The College would like to acknowledge and congratulate the following people who have, despite ongoing seismic events and related disruptions, done an enormous amount of work in Christchurch this year.

First of all we want to acknowledge the people, members and non-members who have been regularly attending the NZCCP co-ordinated working party meetings chaired by John Dugdale and including Graham Clarke, Margaret McConnell, Jenny Jordan, Eileen, Britt, Irena Tojcic, Ron Chambers, Frank O'Connor, Sue Bagshaw, Rose Henderson, Sue Galvin, Martin Dorahy, Bob Manthei, Jonathan Black, David Miller, Bronny Trewin, Fran Vertue, Janet Carter, Debbie Snell, Tom Marshall, Alan Prosser, Paul Wynands and Lois Surgenor.

Eileen Britt, Fran Vertue, Janet Carter and Bronny Trewin worked hard to put together the two community fliers (Taking Care of Yourself, and First Steps) so efficiently and so helpfully. These guidelines have been spread throughout Christchurch and can be seen in doctor's offices, pharmacies, supermarkets, service stations, schools and so on, and were recently used for a front page item in The Press.

Janet, Martin, Eileen, Graeme Clarke, Debbie Snell, and Juliet Thomson formulated a psychological response to the earthquake, and approaches were made to MSD to MPs attempting to get recognition of the gap in psychological services and the need to fund specialist treatment providers. Due to the lack of positive response to this initiative, Janet, Martin and Eileen have initiated a large community survey (100 people in each of badly affected areas in the East of Christchurch across 3 different SES areas – low, middle and high - and 3 matched SES less affected areas) to gather data on the psychological effects of the earthquakes and aftershocks.

Martin, Janet, and Eileen have been working with the CDHB anxiety disorders service to develop (and evaluate) a group treatment.

Martin, Janet, and Eileen successfully tendered for a contract with the MSD to provide 4 different training workshops on the psychological effects of the quakes and best practice response to NGOs (support workers, mental health/social workers, managers, and community leaders).

Eileen has been nominated for CERA community consultation group and Fran has made herself available to media requests, making very sensible comment, often with very short notice.

Lastly, included below is the latest version of the screening tool, developed by Janet, Martin, Eileen, Graeme Clarke, Debbie Snell, and Juliet Thomson, and which has been adjusted to allow for the fact that we have now progressed from an immediate post quake situation. This, along with its predecessor, has been particularly useful for Canterbury members as well as those of you throughout NZ who may also be dealing with earthquake refugees.

What an achievement! Well done, all of you!

BRIEF TRAUMA SCREENING INTERVIEW – POST 8 WEEKS

IDENTIFICATION CODE (Person's first & last initials & day & month of birth-eg. mb1308) _____

AGE _____ **GENDER** _____

PHONE _____ **EMAIL** _____

TODAY'S DATE _____ **TIMES ASSESSED WITH THIS MEASURE: 1 2 3 4 5**

DO YOU CONSENT TO BEING CONTACTED IN THE FUTURE TO CHECK YOUR PROGRESS? YES NO

The following questions are designed to be asked by a GP, clinician or health professional of people who may be distressed by the February 22nd earthquake and/or subsequent aftershocks. The questions are designed to help understand people's responses and reactions at least 8 weeks after the February quake. The questionnaire identifies those who might require more psychological support.

- I am going to ask you some questions about reactions that people sometimes have after an event such as the recent earthquake.
- My questions are concerned with your personal reactions to the FEBRUARY 22ND earthquake and subsequent AFTERSHOCKS.
- Can you indicate whether or not you have experienced the following AT LEAST TWICE IN THE PAST WEEK
- If answer is YES, please rate: 0=A little bit; 1=Moderately; 2=Quite a lot; 3=Very much; 4=Extremely

	(At least TWICE in the past week)		Rating 0-4
	YES	NO	
1. Upsetting thoughts or memories about the event that have come into your mind against your will			
2. Upsetting dreams about the event			
3. Acting or feeling as though the event were happening again			
4. Feeling upset by reminders of the event			
5. Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event			
6. Difficulty falling or staying asleep			
7. Irritability or outbursts of anger			
8. Difficulty concentrating			
9. Heightened awareness of potential dangers to yourself and others			
10. Being jumpy or being startled at something unexpected			

© C.R. Brewin et al., 2002

A. Total number of 'YES' responses on items 1-10 \geq 6? **NO YES**

If 'YES' to A (i.e., total is \geq 6), how many weeks have symptoms been present?

As a result of the <u>earthquake or aftershocks</u> , how often have you been bothered in the PAST WEEK by the following problems?	Not at all	Several days	More than half the days	Nearly every day	Every day
11. Feeling nervous, anxious or on edge	0	1	2	3	4
12. Not being able to stop or control worrying	0	1	2	3	4
13. Feeling afraid as if something awful might happen	0	1	2	3	4
14. Feeling down, depressed, or hopeless	0	1	2	3	4
15. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3	4
B. Average score (add all scores & divide by 5) on items 11-15 ≥ 2? NO YES					
If 'YES' to B (i.e., total is ≥ 2), how many weeks have symptoms been present?					
As a result of the <u>earthquake or aftershocks</u> , how much in the PAST WEEK have the following happened?	Not at all	Slightly	Some-what	Very much	Extremely
16. Feeling like you were walking around in a dream or a movie	0	1	2	3	4
17. Things not feeling completely real	0	1	2	3	4
18. Going around in a daze, not noticing things	0	1	2	3	4
19. Times when you felt separate from your body	0	1	2	3	4
C. Average score (add all scores & divide by 4) on items 16-19 ≥ 3? NO YES					
If 'YES' to C (i.e., total is ≥ 3), how many weeks have symptoms been present?					
Since the earthquake, while not under the influence of alcohol or drugs, to what degree have you:					
20. Heard voices or other noises that you suspect others don't hear or report hearing? 0 (Not at all) 1 (occasionally) 2 (sometimes) 3 (often) 4 (Constantly)					
20a. Have you experienced anything like this before?				YES	NO
D. Score on item 20 ≥ 1 PLUS 'No' on 20a? NO YES					
If 'YES' to D (i.e., item 20 ≥ 1 & 'No' on 20a), how many weeks has symptom been present? _____					
21. Have you got people around that you can talk to about what you have experienced during and since the earthquake? 0 (Not at all) 1 (occasionally) 2 (sometimes) 3 (often) 4 (Constantly)					
E. Score on item 21 ≤ 1? NO YES					
Please add the number of 'YES' responses for A-E. If 2 or more, engage in therapy and follow-up to assess progress, or consider referral.					

NZCCP is delighted to announce a wonderful professional development opportunity:

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

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

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

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

Dunedin	14 & 15 July
Palmerston North	2 & 3 August
Wellington	4 & 5 August
Nelson	1 & 2 September
Christchurch	5 & 6 October (TO BE CONFIRMED)
Auckland	31 October & 1 November
Hamilton	2 & 3 November
Tauranga	15 & 16 November
Hawkes Bay	17 & 18 November
New Plymouth	19 & 20 March 2012 (TO BE CONFIRMED)

REGISTER ONLINE

Behaviour support services for ACC clients with traumatic brain injury

ACC is setting up a new service to support about 600 clients across NZ who have challenging behaviour following a traumatic brain injury. The focus of the service will be to work with those around the client to avoid triggering challenging behaviour, learn how to de-escalate behaviour and promote desired behaviours in order to allow the client to engage in meaningful activities and roles.

We want to hear from teams made up of psychologists and other behaviour support practitioners who are interested in working with this client group and would like to be part of an innovative and unique service.

You will need to have proven experience in the following:

- Working with clients with a cognitive disability, either acquired or traumatic
- The principles of applied behaviour analysis
- Assessment, formulation and implementation of a behaviour support plan.

This service will be advertised on the Government Electronic Tendering Service (GETS) in June 2011.

We aim to roll out the service in Auckland, Northland and Waikato by October 2011, extending to a fully national service by July 2012.

For further information contact:

Michelle Wilkinson
Programme Manager, ACC National Serious Injury Service
Direct phone: 09 365 8563
Mobile: 027 208 7751
Email: michelle.wilkinson@acc.co.nz

**Emotional Availability
training
with Zeynep Biringen, PhD**

**25-27 July, 2011
Victoria University, Wellington**

**Learn to rate the EAS, a valid
and widely used measure of
parent child interaction on
video**

**For further information contact
wendy.kelly@vuw.ac.nz or see
website [www.emotional
availability.com](http://www.emotionalavailability.com)**

NZCCP National Educational Coordinating Committee (NECC)

The National Educational Coordinating Committee aims to encourage and facilitate continuing education opportunities for members, by providing nationally coordinated events to a high standard. Our goal is to coordinate training opportunities between branches with the goal of facilitating training in all regions. A clear distinction is kept between the function of this committee and the broader role of Branch Representatives, who continue to liaise with Council on matters of Policy and general Branch business. Please consult the College website for further information and links (<http://www.nzccp.co.nz/events/>)

TRAINING TIMETABLE

NZCCP Events

LOCATION	MONTH	PRESENTER/ CONTENT
Dunedin	14-15 July	James Hegarty/Mindfulness and Emotion Workshop
Wellington	28 July	Dr Emily Cooney/DBT training
Palmerston North	2-3 August	James Hegarty/Mindfulness and Emotion Workshop
Wellington	4-5 August	James Hegarty/Mindfulness and Emotion Workshop
Nelson	1-2 September	James Hegarty/Mindfulness and Emotion Workshop
Canterbury	2 September	Chris Skellett/Valuing Clinical Insights
Canterbury	5-6 October (TBC)	James Hegarty/Mindfulness and Emotion Workshop
Auckland	31 Oct-1 Nov	James Hegarty/Mindfulness and Emotion Workshop
Hamilton	2-3 November	James Hegarty/Mindfulness and Emotion Workshop
Tauranga	15-16 November	James Hegarty/Mindfulness and Emotion Workshop
Hawkes Bay	17-18 November	James Hegarty/Mindfulness and Emotion Workshop
New Plymouth	19-20 March 2012	James Hegarty/Mindfulness and Emotion Workshop

Other Events

LOCATION	MONTH	PRESENTER/ CONTENT
Dunedin	4-6 July	Australasian Human Development Association Conference
Auckland	5 July	Australian Centre for Child Neuropsychology Studies/ Paediatric Satellite Meeting
Wellington	7 & 8 July	Employee Assistance Professional Association of Australasia/Conference
Wellington	24 & 25 July	Introduction to Balint Group Methods
Auckland	1 & 2 August	DBTNZ/DBT Skills Training
Auckland	5 & 6 August	Mindfulness CBT Therapy and Training/ Understanding ACT Workshops
Wellington	12 August	Buddle Findlay & ANZAPPL/Mental Health Law Conference
Dunedin	18 August	Buddle Findlay & ANZAPPL/Mental Health Law Conference
Christchurch	19 August	Buddle Findlay & ANZAPPL/Mental Health Law Conference
Hamilton	25 August	Buddle Findlay & ANZAPPL/Mental Health Law Conference
Auckland	26 August	Buddle Findlay & ANZAPPL/Mental Health Law Conference
Wellington	29 & 30 August	DBTNZ/DBT Skills Training
Wellington	20 October	The Psychology of Psychosis: From Theory to Practice/ Conference
Cambridge	4 & 5 November	Mindfulness CBT Therapy and Training/ Understanding ACT Workshops
Wellington	18 November	AnzaCBT/Cognitive Behavioural Therapies Conference 2011