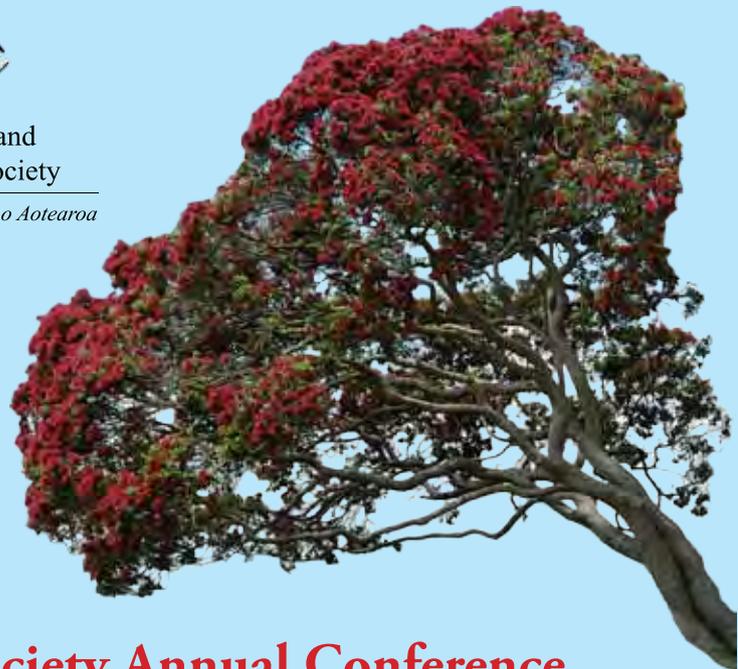
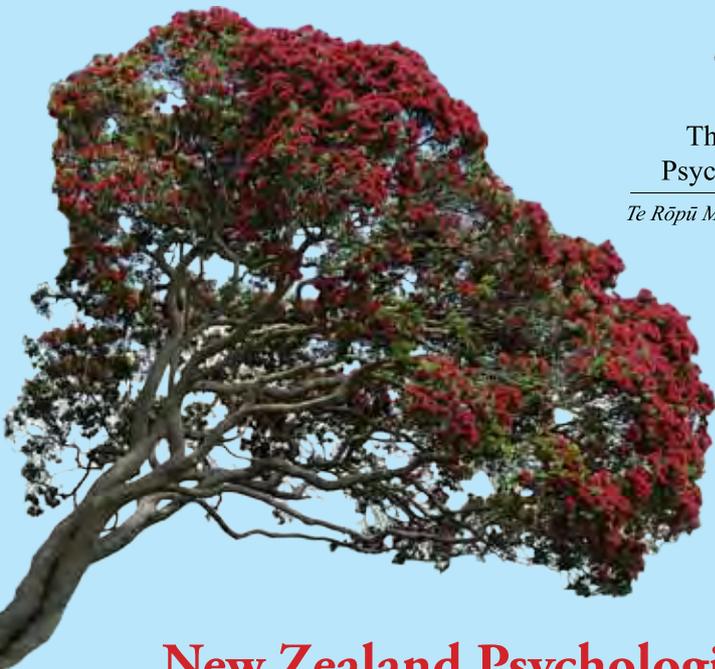




The New Zealand
Psychological Society
Te Rōpū Mātai Hinengaro o Aotearoa



New Zealand Psychological Society Annual Conference
supported by

The University of Auckland Psychology Department

Building Bridges: Dialogues across Psychology
Whakatina: Ngā kōrero o te Mātai Hinengaro

6 - 9 September 2013 Owen G Glenn Building
15 Grafton Road Auckland University

Proudly Sponsored by:
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Te Pou & Le Va



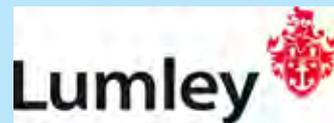
The Psychologists Board



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Te Poari Kaimātai Hinengaro
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Programme at a glance

Saturday 7 September

9.00am - Powhiri; opening speaker: Dame Anne Salmond
Room 098

10.30am - Keynote: Pip Pehi - **Room 098**

11.30am - Symposia and streams:

ICP Trauma Forum - **OGGB 4**

I/O Symposium - **Case Room 1**

Complaints Symposium- **OGGB 3**

General psychology - **Case Room 2**

Clinical stream- **OGGB 5**

Research in Practice - **Case Room 3**

Neuropsychology - **Case Room 4**

1.00pm - Lunch

2.00pm - Keynote: John Forsyth- **Room 098**

3.00pm - Symposia:

ICP Trauma Forum contd - **OGGB 4**

I/O Symposium contd - **Case Room 1**

Guest speaker: Jan Pryor (3.00pm) **OGGB 3**

DSM5 Forum- **Case Room 2**

Health psychology- **OGGB 5**

Developmental psychology - **Case Room 3**

Neuropsychology contd. - **Case Room 4**

Expert Witness & Court - **OGGB 3**

Complex adoptive relationships - **Case Room 2**

Forensic Psychology - **Case Room 3**

General - **Case Room 4**

Careers Forum -

6.30pm - Whakawhanaungatanga - Level 0 Foyer

Sunday 8 September

8.30am - Keynote: Rose Black & Moana Waitoki - **Room 098**
9.30am - Institute AGMs see timetable for rooms

10.30am - Symposia and streams:

Bicultural stream - **Case Room 1**

Children and Young People - **Case Room 2**

Guest speaker: Nicola Gavey (10.30am) - **OGGB 4**

General - **OGGB 4**

Neuropsychology - **Case Room 3**

Good Lives workshop - **OGGB 5**

Clinical stream - **OGGB 3**

12.30pm - Lunch

1.30pm - Keynote: Karl Hanson - **Room 098**

2.30pm - Public Forum - **Square Affair Suite 1**

Symposia:

Bicultural stream contd - **Case Room 1**

Clinical psychology - **OGGB 3**

Counselling psychology - **OGGB 4**

Neuropsychology - **Case Room 3**

Forensic psychology - **OGGB 5**

Clinical psychology - **OGGB 3**

5.00pm NZPsS AGM - **Case Room 1**

7.30pm Conference dinner, MECCA Viaduct

Monday 9 September

8.30am - Psychologists Board presentation - **OGGB 5**

10.00am - Keynote: Nancy Pachana - **Room 098**

11.00am - Symposia and streams:

Intimate Relationships - **Case Room 1**

Clinical Psychology Training - **OGGB 4**

Youth Justice - **OGGB 5**

Guest speaker: Donna Rose Addis (11.00am) - **OGGB 3**

Neuropsychology - **OGGB 3**

Rapid learning from the Future - **Case Room 2**

Stepped Care - **Case Room 3**

CCP Workshop - **Case Room 4**

1.00pm - Lunch

2.00pm - Symposia:

General Psychology- **Case Room 1**

Clinical Psychology- **OGGB 4**

Youth Justice contd - **OGGB 5**

ACC session - **OGGB 3**

Rapid learning from the Future contd - **Case Room 2**

Escaping "Death by Powerpoint" - **Case Room 3**

3.00pm - Keynote: Margaret Wetherell- **Room 098**

4.00pm - Refreshments & Farewell

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Conference Organisation

This conference is the result of the efforts of dedicated and hardworking people.

Thanks go to:

Prof Fred Seymour Scientific Programme Co-Convener &
Dr Kerry Gibson Scientific Programme Co-Convener

The review team :

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Erana Cooper
Helena Cooper
Bill Farrell
John Fitzgerald
Karma Galyer
Rajan Gupta
Alison Kirby
Janet Leathem
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Heike Albrecht, NZPsS Professional Development Coordinator
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Tina Wang
Anna Shum-Pearce
Gemma Tricklebank
Kelly Thomas
Anna Miller
Mnthali Price
Caroline Judson
Pikihuia Pomare
Tash Bauer
Erica Voisin

Thank you to The University of Auckland for hosting this conference and the work associated with the conference programme.

Exhibitors

NZCER

Wilkinson Insurance

Women's Bookshop TBC

Display Tables:

Problem Gambling Foundation

Satchel inserts:

Department of Corrections
The Royal Society of New Zealand

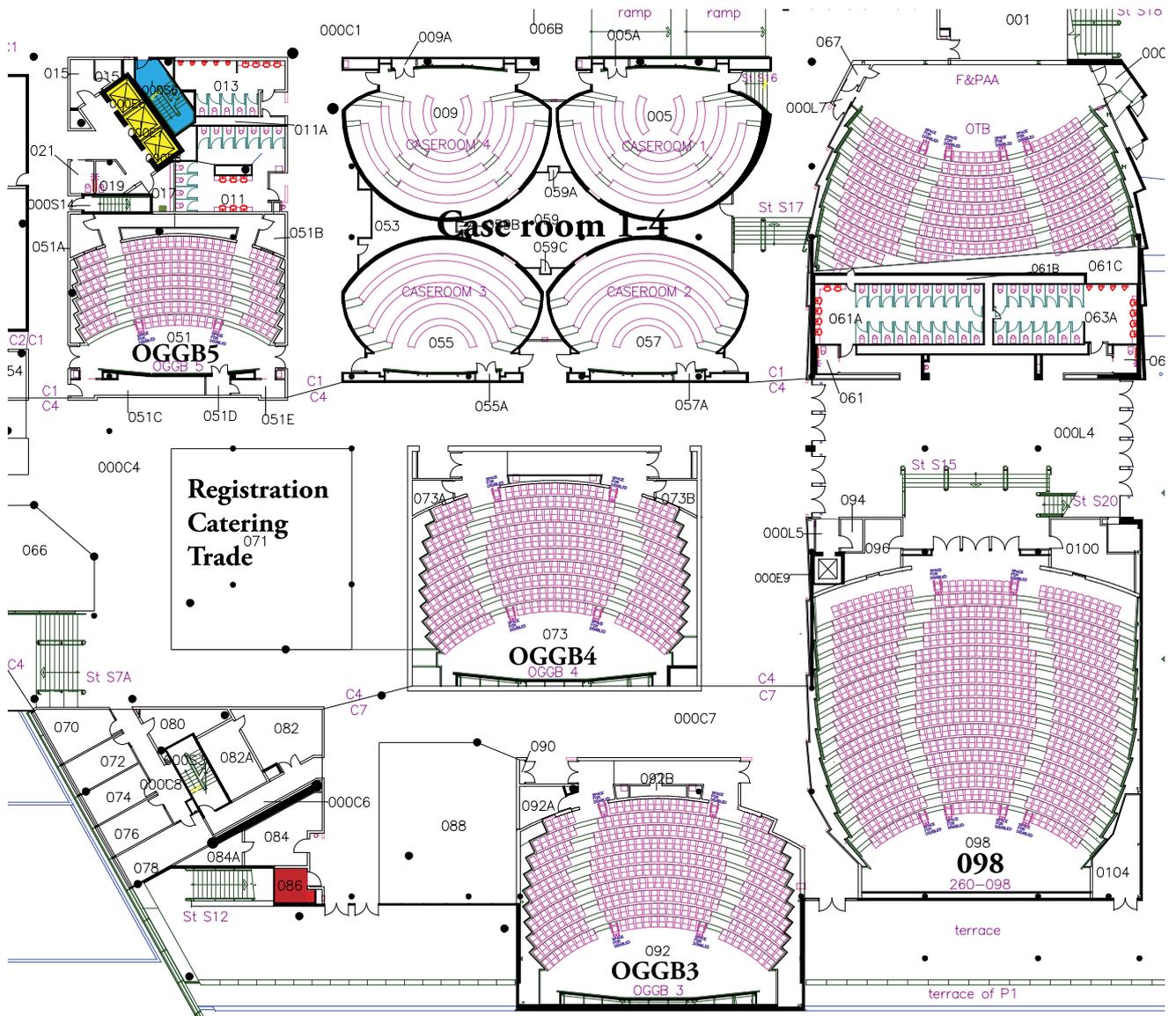
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We would like to thank the Department of Corrections, Te Pou & Le Va, the Psychologists Board, ACC and Wilkinson Insurance Brokers with Lumley for their sponsorship of this conference.

Many thanks also to Massey and AUT University for co-sponsoring the student breakfast.

Floor Plan, Owen G Glenn Building, level 0



All plenary sessions will be held in the Lecture Theatre **098**
 Symposia papers will be held in the following rooms:
 Case Rooms 1-4, OGGB 3, OGGB 4 and OGGB 5

General Information for Delegates

Housekeeping Issues

Emergency Evacuation Procedure

In case of emergency you should exit via the stairs and assemble on Grafton Road until you are told it is safe to enter the building again. In this instance your Event Coordinator will be in contact with you to ensure you and your guests are out of the building and safe.

ASSEMBLY AREAS: ON THE GRAFTON ROAD OR WYNYARD STREET FOOTPATHS

Fire Alarm Warbling Siren and Voice Message Instructing Evacuation

Anyone who becomes aware of an emergency requiring a building evacuation should:

- Sound the nearest alarm
- Report the incident (or arrange to have it reported) by dialling 1-111 on an in room phone, ask for the Fire Service.
- Give them the building's name, street address, suburb and city and brief details of the incident.
- Owen G Glenn Building, 12 Grafton Road, Auckland City
- Close down any process or machinery if you can do so safely and quickly
- Leave immediately by the nearest exit. Move quickly but don't run. Close doors but don't turn off lights. Don't use any lift.
- Report to the designated assembly area or, if that's not possible, to a safe place
- Stay out of the building until a building warden says you can go back inside.

Injuries

If you or your guests are injured while in the OGGB please report this incident to your Event Coordinator at the registration desk where a first aid is located.

Venue

Owen G Glenn Building (OGGB), Auckland University, Grafton Rd, Auckland

Registration

The registration desk opens at 8.00am Saturday 7 September and is located in the Foyer, Level 0 of the OGGB

Location of programme activities

All plenary sessions will be held in the Lecture Theatre **098**

Symposia papers will be held in the following rooms:

Case Rooms 1-4, OGGB 3, OGGB 4 and OGGB 5

Posters will be displayed in the Foyer for the entire conference.

Workshops will be held on Friday 6 September from 9.00am - 5.00pm

Payment and refunds

Cash, cheques, and credit cards (Visa or MasterCard only) will be accepted at the conference venue. Any refunds will be processed after the conference at the NZPsS office.

Your conference fee includes

- Attendance at conference keynote and paper presentations
- Morning/afternoon tea and lunch
- Conference satchel and contents
- Complimentary drinks and nibbles at the welcome function

Name badges

All delegates and speakers will be provided with name badges that have to be worn at all times within the venue. Your name badge will indicate that you have registered for the conference. Name badges will identify your name and affiliation as specified on your registration form. Day registrations will be identified by different colour name badges.

At the end of conference we are happy to recycle the plastic holders.

AGMs - Sunday 8 September

The NZPsS AGM will be held in Case Room 1 at 5.00pm

Institute of Educational and Developmental Psychology AGM will be held in Case Room 2 at 9.30am

General Information for Delegates

Institute of Community Psychology Aotearoa AGM will be held in OGGB 5 at 9.30am
Institute of Clinical Psychology AGM will be held in OGGB 3 at 9.30am
Institute of Criminal Justice and Forensic Psychology AGM will be held in 098 at 9.30am
I/O Division AGM will be held in OGGB 4 at 9.30am
Institute of Counselling Psychology AGM will be held in Case Room 1 at 9.30am
Institute of Health Psychology AGM will be held in Case Room 3 at 9.30am
NZPsS Awards - - to be held Sunday 8 September at the conference dinner, at 7.30pm

Changes to the programme

Any changes to the programme will be announced to delegates where appropriate and displayed on notice boards located in the registration and exhibition area.

Catering

Morning and afternoon tea and lunch will be served in the Foyer on level 0 of the OGGB. Food is labelled as vegetarian, gluten/dairy free etc.

Student assistants

Our student assistants can be easily identified by their bright yellow name badges. During the sessions they will help presenters to set up their powerpoints. Don't hesitate to approach them if you are looking for a room or need help with anything else.

Mobile phones

As a courtesy to other delegates, please ensure your mobile phone is turned off or in silent mode during all sessions and social functions.

Internet Access

There is free Wifi and computers are available for those who wish to use the internet.

Social Events

We look forward to seeing you at the following social events

Whakawhanaungatanga - Conference Welcome Function

Saturday 7 September from 6.30pm

To be held in the OGGB Foyer, Level 0

Free for conference delegates, guest tickets \$40.00 available from the registration desk.

Keynote speakers, presenters and delegates are invited to meet up with friends and colleagues and enjoy complimentary drinks and nibbles at the Conference Welcome Function.

Conference Dinner

Sunday 8 September, 7.30pm

MECCA, Viaduct Basin, 85-87 Customs St.

The conference dinner provides an opportunity to enjoy good company over a relaxed evening meal. The NZPsS awards will also be presented. Dance and drinks to follow next door in the Bubble Lounge.

Tickets \$75.00 available from the registration desk.

Keynote Speakers

Phillipa (Pip) Pehi



Pip (Phillipa) Pehi (Te Mahurehure, Ngapuhi; Celtic) lives in the Hokianga, Te Tai Tokerau. Pip's passions and kaupapa stem from aroha, whenua and wairua and aim to assist people to remember our connections and responsibilities to Papatuanuku, ourselves, our whanau and communities. Pip has a PhD (Social Psychology) from Otago University and has completed a Postdoctoral Fellowship from the Foundation of Research, Science and Technology (FRST) investigating the links between our human health and wellbeing, and the health and wellbeing of the whenua. Pip has lectured, researched and mentored at both mainstream and Māori tertiary institutions. Pip is also a practicing Clinical Psychologist working with at-risk youth and their whanau, with a particular focus on suicide and healing from intergenerational trauma.

Keynote: *Re-membering Papatuanuku: A Psychological Imperative* **Saturday 7 September 10.30am**

Psychology as an overarching discipline is preoccupied with the mind and mental functions. The challenge inherent in this address is for all psychologists to go beyond this narrow definition of psychology to incorporate the natural environment in some meaningful shape or form in their work. Indigenous epistemologies teach us that healing a person occurs by viewing them as part of not only a community of people, but also as part of a community of Creation. Māori and other indigenous healing approaches offer guidelines as to how we can achieve holistic visions of wellness for all realms of Creation (human, natural and spiritual). We can find ways to become interconnected in our psychology, in our healing and in our lives through our commonalities that act as bridges between us, such as our shared aroha (love) for the natural environment (Māori and Pakeha alike) and our desire to create a healthy future for our children and the generations to come.

John Forsyth



John P. Forsyth, Ph.D., is a clinical scientist, professor, writer, and licensed psychologist in Upstate New York. He is also Professor of Psychology and Director of the Anxiety Disorders Research Program at the University at Albany, SUNY. He is an internationally recognized expert in the treatment of anxiety disorders and a leader in the growth of newer acceptance and mindfulness-based behavior therapies. Much of his work is based on an approach to psychological health called Acceptance and Commitment Therapy (ACT). Dr. Forsyth has an active research program, some of which has been funded by NIMH and more recently the Department of Defense, focused on the application and dissemination of ACT for the anxiety disorders and related concerns. In 1999, he was the recipient of the Dissertation Award from the Society for a Science for Clinical

Psychology for excellence in research, and in 2000 received the B. F. Skinner New Researcher Award from Division 25 of the American Psychological Association for innovative and important behavioral research by a new investigator. In 2006, he received the University at Albany and SUNY Chancellor's Awards for Excellence in Teaching. He serves on the editorial boards of several leading journals, and is a Clinical Fellow of the Behavior Therapy and Research Society.

Keynote: *Expanding Our Reach to Meet the Unmet Burden of Human Suffering: Using ACT in a Self-Help Context* **Saturday 7 September, 2.00pm**

There is no escaping this simple fact: the burden of human suffering is enormous, and we have insufficient resources to meet the need for care. Many human beings suffer with various forms of psychological and emotional pain and yet do not seek help. Studies also show that of those that do seek help, many receive

Keynote Speakers

suboptimal or inadequate care. The costs associated with education and training in evidence-based practices are enormous, and there is no indication that we will soon arrive at a point where we have an adequate supply of trained mental health professionals to alleviate the burden of human suffering. The purpose of this talk is to walk the audience through the scope of the problem we face, and suggest a cost-effective, efficient, and broadly impactful solution, namely one based on the application of Acceptance and Commitment Therapy (ACT) in a self-help context. Results will be presented from our own work testing the effectiveness of ACT when delivered in a pure self-help context (i.e., no therapist coaching or contact). Implications of this work will be discussed, including newer developments integrating ACT with newer technologies, telemedicine, and telehealth.

Waikaremoana Waitoki & Rosanne Black



Ko pukemokemoke te maunga, ko Pai Ahi te marae, ko waihou te awa, ko Ngāti Hako te iwi.

Waikaremoana Waitoki MSocSc, PGDipPsych(Clin); PhD Waikato has been member of the National Standing Committee of Bicultural Issues since 1998. She is currently Co-Convenor of the NSCBI and Bicultural Director on the Psychological Society Executive. Waikaremoana previously lectured at Waikato University in the clinical training programme and various graduate and undergraduate papers. As a member of the Psychologist's Board for 9 years Waikaremoana was involved in

the development of accreditation standards for university psychology programmes and the cultural competency guidelines. She is a clinical psychologist with work and research interests in cultural competency, adult mental health, child and adolescent mental health, and addictions. She is a Research Fellow and Research Officer for the Māori and Psychology Research Unit at the School of Psychology, Waikato University. Her current research examines Māori experiences of bipolar disorder and guidelines for cultural competency training programmes for students and psychologists.

Rosanne Black BSc (Massey); MSocSc; PGDipPsych(Com); PhD (Waikato) is a Pākehā New Zealander of Irish and Scots descent. Her family settled in rural Southland, where she grew up alongside the Oreti River and in view of the Takitimu Mountains. She is a registered Psychologist with a Post Graduate Diploma in Community Psychology and has been a member of the NSCBI since 1994. She co-authored a research report on bicultural development in the NZPsS in 1995. Being a member of the NSCBI and a bicultural director on the Society Executive has provided many opportunities to engage with the development of bicultural relationships in psychology. She has been an active member of groups and organisations to bring attention to issues of antiracism and Te Tiriti o Waitangi (The Treaty of Waitangi) since the 1970s. Her PhD research focused on ways in which Pākehā culture is recognised and marked by Treaty People in Aotearoa. She was the project researcher for the bicultural HRC funded "Success Stories: Narratives of recovery from disabling mental health problems" and co-author of the report "Kia Mauri Tau!" Rosanne has been active in setting up the Institute of Community Psychology Aotearoa and is currently the chair and an Associate of the Community Psychology programme at Waikato University. She is the lead researcher for a community based research and advocacy project 'Poverty Action Waikato' and has written reports and presented at conferences about local issues of poverty with colleague Anna Cox. She co-authored a chapter "Pākehā Culture in Psychology" for the 2007 Professional Practice of Psychology in Aotearoa New Zealand handbook and was a co-editor of "Ka Tū, Ka Oho: Visions of a Bicultural Partnership in Psychology".

Keynote: *Seeking cultural competency: Signposts, judder bars, and potholes*

Sunday 8 September, 8.30am

For psychologists practising in Aotearoa New Zealand the journey towards cultural competency tends to be circuitous in practice and one that does not readily fit into a linear progression or single model. It is a journey that can be personally and professionally challenging and hugely rewarding.

Keynote Speakers

In this keynote address Waikaremoana and Rosanne recognise that for psychologists the bicultural journey includes moments of division, stress, misunderstanding, unity, clarity and appreciation. Drawing on examples from the literature, research and personal and professional experiences we will describe ways we have come to recognise culture and flag some signposts, judder bars and pots holes to look out for on the journey towards cultural competency.

We invite you to suspend judgement: to 'leave your shoes at the door and walk on in'.

Karl Hanson



R. Karl Hanson, Ph.D., Senior Research Scientist, Public Safety Canada
Adjunct Professor, Carleton University

For the past 20 years, Dr. Hanson has worked to advance research knowledge in the areas of offender assessment and treatment for Public Safety Canada. His work has focussed primarily on sexual offenders, with a secondary interest in intimate partner violence.

Originally trained as a clinical psychologist, his research has been directed towards solving the practical problems of front-line staff (psychologists, community supervision officers, police) working within corrections and criminal justice systems. His most significant contributions have been in the area of sexual offender risk assessment, in which he has authored several influential meta-analyses, and development many of the most commonly

used risk assessment tools for sexual offenders (Static-99/R, Static-2002/R, STABLE-2007). His current interests focus on understanding the psychologically-meaningful variables causally related to recidivism risk, and on developing non-arbitrary metrics for risk communication.

Keynote: *The Assessment and Treatment of Sexual Offenders*

Sunday 22 April 1.30pm

Sexual offenders are the offenders most likely to be referred for specialized mental health services. Whereas most of us can appreciate the goals, if not the means, of thieves and bank robbers, we are often perplexed why individuals would take substantial risks to expose their genitals to strangers, or touch the naked bottom of a 10 year old boy. In this presentation I will outline the major psychological risk for the development and persistence of sexual offending, review current approaches to risk assessment, and outline promising approaches to psychological intervention for sexual offenders. There is considerable variation in the recidivism risk of sexual offenders; for some, their risk for a new sexual crime is no different than the risk of an "out of the blue" sexual offence for non-sexual offenders (<2% after 5 years). For all but the highest risk sexual offenders, this risk eventually declines below the rate for non-sexual offenders when they are able to remain offence-free in the community for extended periods of time. Furthermore, it is possible to facilitate the redemption of sexual offenders through structured community support (e.g., Circles of Support and Accountability) and by programs congruent with the Risk-Need-Responsivity Principles of effective correctional treatment.

Nancy Pachana



Dr. Nancy Pachana is a clinical psychologist and neuropsychologist who has received extensive specialist training assessing and treating older adults. She is currently professor in the School of Psychology at UQ. Her main research interests include anxiety in later life, early assessment of dementia and driving safety and dementia. She also conducts research into improving training in geriatric mental health service provision.

After graduating with honours from Princeton University, Professor Pachana went on to receive a Ph.D. in Clinical Psychology from Case Western Reserve University, Cleveland, Ohio, in 1992. She received specialist training in neuropsychological assessment and clinical treatment of older adults during three years of post-doctoral training at the University of

Keynote Speakers

California at Los Angeles – Neuropsychiatric Institute and at the Palo Alto Veterans Hospital System. She is the National Convener of the Australian Psychological Society's Psychology and Ageing Interest Group, dedicated to furthering research and public policy relating to older adults in Australia. She is Fellow of the Society as well as on the Board of Directors of the International Psychogeriatric Association, and is a faculty affiliate of the Royal Australian & New Zealand College of Psychiatrists - Faculty of Psychiatry of Old Age. She has published over 100 peer-reviewed articles and book chapters on various topics in the field of ageing. Her new edited book, *Casebook of Clinical Geropsychology*, is out in November, 2010. She is currently the editor-in-chief of the *Australian Psychologist*, and Deputy Editor of *International Psychogeriatrics*.

Keynote: *Psychology and Ageing: A Decade of Turning Points*

Monday 9 September 10.00am

Ageing has become a focus of conversations across multiple domains: political, social, economic, health-related. How is psychology, in particular clinical psychology, responding to these trends? In this talk Professor Nancy Pachana highlights some of the important scientific advances in relation to diagnosis and treatment of psychiatric disorders of later life, including dementia and late-life anxiety. New theoretical developments, such as the incorporation of wisdom into psychotherapy treatments, will be covered. Finally, the question of whether our training of the next generation of psychologists to work with older adults is keeping pace with workforce needs and population demographics will be addressed.

Margaret Wetherell



Margaret Wetherell is Professor of Social Psychology at the University of Auckland. A New Zealander by birth, and former graduate from Auckland, she spent most of her working life in the UK, after completing her PhD at the University of Bristol. She is a former Chief Editor of the *British Journal of Social Psychology*, and from 2003-2008 she was Director of the UK Economic and Social Research Council's Programme on Identities and Social Action which consisted of 25 research projects and co-ordinated the work of over 90 researchers. She played a prominent role in advising the UK Labour government on identity issues (although cannot claim any success in changing their policies). Prof. Wetherell has published widely in social psychology including 19 authored and edited books and is one of the most cited social psychologists globally. She is best known for her research in social identity theory and in developing discursive psychology. Recent books include *Affect and Emotion* (2012) and *The Sage Handbook of Identities* (2010, edited with Chandra Talpade Mohanty). In 2011, she was appointed Professor Emeritus at the Open University, UK, her former place of work.

Keynote: *Taking the Treatment : How can health psychology help?*

Monday 9 September 3.00pm

This lecture will focus on affect and emotion (hate, passion, grief, indignation, feelings of inclusion and exclusion, being moved), one of the most enigmatic classes of human experience. My concern will be with states or modes that have a psychological presence (they involve turbulent minds and mild to strong preoccupations) and an embodied dimension (involving lumps in the throat, clenched fists, flushed faces, twisted guts etc.). I will be particularly focused on the social role of emotion. How do emotions (such as disgust and empathy) regulate and reflect relations between social groups? How do emotional styles and repertoires become characteristic of generations, identities and communities, bound up with the social value assigned to different social groups and their cultural capital? I will be reviewing and critiquing standard psychological theories which largely ignore the social dimensions of affect and arguing for a new affective practices approach to the analysis of emotional episodes. To illustrate these points, I will draw on a wide range of examples and on current collaborative research with colleagues at Massey University on affect and national commemoration in Aotearoa.

Guest Speakers

Jan Pryor



Jan Pryor recently retired from being the Director of the McKenzie Centre for the Study of Families, and the Chief Commissioner at the Families Commission. Her research has focused on family transitions including separation and divorce and its impact on children, and she co-authored the book 'Children in Changing Families. Life After Parental Separation' in 2001. More recently she has focused on stepfamilies, and in 2008 she edited the 'International Handbook on Stepfamilies. Policy and Practice in legal, research, and clinical environments'. She has just completed a textbook for university students, called 'Stepfamilies. A Global Perspective on Research, Policy and Practice'.

***Guest address: Bringing Stepfamilies into the Fold: an update on Research and Policy
Saturday 7 September at 3.00pm***

This talk will focus on recent research about less well-known aspects of stepfamilies. These include the diverse pathways to stepfamily living. Contrary to popular understanding, stepfamilies are not formed predominantly as a result of divorce. Cultural differences will be discussed, using material from recent work on Māori and African-American stepfamilies. Intergenerational relationships such as step-grandparenthood will be addressed. Research that examines stepfamilies headed by same-sex parents will be examined. The talk will also look at what we know about stepfamilies in New Zealand, in comparison with other countries.

Nicola Gavey



Nicola originally trained as a clinical psychologist and worked for a few years in the community before taking up an academic position. She has a strong interest in the possibilities for teaching, research and scholarship to inform social debate and change, and maintains ongoing conversations with those working in the community on education, support, advocacy and activism around sexual violence and gender issues more broadly. Nicola was a foundational member of the Gender and Critical Psychology Group (and earlier the Psychology Discourse Research Unit) within the School of Psychology. She has close links with other scholars in this area, within New Zealand and internationally.

In 2005 she was a Fulbright New Century Scholar and visiting scholar at the Victims of Violence Program, affiliated with Harvard Medical School. In 2008 she was a visiting scholar at the Graduate Centre, CUNY, New York City, where she also worked with the New View Campaign, which raises critical awareness about the medicalization of female sexuality. Her research has focussed primarily on the broad context of sexual violence, and has been supported by Health Research Council of New Zealand, Marsden, and other externally funded grants. She received a Distinguished Publication Award from the US Association of Women in Psychology for her 2005 book *Just sex? The cultural scaffolding of rape* (London & New York, Routledge). Nicola and Ginny Braun, also in the School of Psychology, are Editors of *Feminism & Psychology* (Sage, London).

***Guest address: Intimate intrusions of the neoliberal deceit
Sunday 8 September at 10.30am***

The neoliberal intensification of capitalism directly impacts access to basic material necessities, educational opportunities, experiences of health care, and the terrain of our working lives. As well as this, there are at least two distinct ways in which this dominant economic and political context intrudes on the more intimate psychosocial spaces of our lives. In the more direct sense, we are subject to the pressures and inducements of the marketplace as our desires and anxieties are exploited (by Big Pharma, Big Business Porn, the 'Beauty' industry, and so on) to create ever expanding markets for the modification or transformation of minds, bodies and souls. Related, but in a more diffuse way, neoliberalism, as a 'mode of discourse', has become part of 'the common-sense way many of us interpret, live in, and understand the world' (Harvey, 2005, p. 3). It instils a set of assumptions

Guest Speakers

about the nature of human nature and about the values we should hold dearest. In this talk I contend that the influence of neoliberalism in the private and personal domain hinges on a central deceit about the nature of human subjectivity. By deceit I mean the misleading promises and half truths promoted by neoliberal discourse about what kinds of subjects we are (autonomous and self-knowing) and what is important in life (individual freedom above all else). Drawing on critical and feminist psychology research, including my own collaborative work in relation to pornography, in this talk I will discuss how these normalized ideals (and their disavowed 'others') compress and constrain the conditions of possibility for women's lives and for fair and ethical gender relations; at the same time as neoliberalism helps to coopt and neutralise resistance to ongoing sexism.

Donna Rose Addis



Donna Rose (Associate Professor School of Psychology, Centre for Brain Research, and ARC Centre of Excellence in Cognition and its Disorders, The University of Auckland) is a cognitive neuroscientist specializing in the neural networks mediating memory and future thinking using both neuroimaging and neuropsychological approaches. Originally from New Zealand, she completed her BA and MA at The University of Auckland under the supervision of Associate Professor Lynette Tippett. She then undertook a PhD as a Commonwealth Scholar at the University of Toronto, where she worked with Profs Mary Pat McAndrews and Morris Moscovitch. She then spent 3 years at Harvard University as a post-doctoral fellow with Prof Daniel Schacter. Since returning to The University of Auckland in 2008, she has received an inaugural Rutherford Discovery Fellowship, the prestigious Prime Minister's Emerging Scientist Prize, and two Marsden grants to continue her research on the constructive nature of memory.

Guest address: Beyond the Past: The Broader Implications of Memory Loss in Aging and Dementia- Monday 9 September at 11.00am

Advancing age is associated with changes in autobiographical memory, particularly declining episodic memory function. While such changes obviously affect the ability to reminisce about the past, it also has significant impacts upon identity and future thinking. In this talk, I will overview research examining the brain network supporting autobiographical memory retrieval and the changes to autobiographical memory that accompany hippocampal atrophy in healthy aging. Secondly, I will discuss the role of autobiographical memory in the construction and maintenance of a sense of identity. Memories formed during early adulthood appear to be critical to personal identity; when these memories are lost, for example in Alzheimer's disease, the content of one's identity also declines. Finally, I will discuss our recent behavioural and neuroimaging work investigating how age-related changes in autobiographical memory function affect the ability to imagine our futures. Together, these different lines of research demonstrate the importance of autobiographical memory to many aspects of psychological life and wellbeing.

Opening Speaker

Distinguished Professor Dame Anne Salmond



Dame Anne Salmond, DBE FRSNZ FBA, is a New Zealand anthropologist and writer. She is the current New Zealander of the Year. Anne Salmond is a Distinguished Professor of Māori Studies and Anthropology at the University of Auckland.

*Opening address: **Abau: The self in a relational world.***

WORKSHOPS, Friday 6th September

- 1/ The Compassionate Use of Exposure Strategies in Acceptance and Commitment Therapy (ACT)
John P. Forsyth
- 2/ Developing Non-Arbitrary Categories for Sexual Offender Risk Communication: Construct Validity and the Quantification of “Riskiness”.
R. Karl Hanson
- 3/ Common Sleep Disorders and their Treatment
Alex Bartle
- 4/ Bringing Stepfamilies into the Fold: an update on Research and Policy
Jan Pryor
- 5/ He Ritenga Whaimōhio: Culturally responsive evidence based pathways in psychology
Sonja Macfarlane
- 6/ Autism Spectrum Disorder and Adolescence: Managing this Period of Change
Tanya Breen

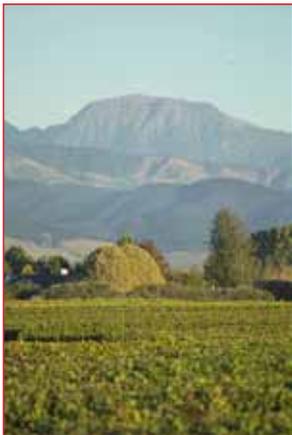
See page 63 for full workshop descriptions



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New Zealand Psychological Society
Annual Conference 2014
29 August - 1 September
Rutherford Hotel
Nelson



SATURDAY 2.00PM - 6.30PM

2.00pm	Keynote Speaker: John Forsyth ROOM: 098						
	ICP Case study Forum contd	I/O Symposium contd	Guestspeaker: Jan Pryor Chair: Fred Seymour	DSM-5 Forum Chair: John Fitzgerald	Health Psychology Chair: Iris Fontanilla	Developmental Psychology Chair: Peter Coleman	Neuropsychology contd.
3.00pm	Ian de Terte	3.00 Employee resilience and work-related outcomes Katharina Näswall 3.20 The informal market trader and proactive personality Colleen Rigby 3.40 Not like us: An investigation into the personalities of New Zealand CEOs Vathany Sambath	Guestspeaker: Jan Pryor Bringing Stepfamilies into the Fold: an update on Research and Policy	Implications of the release of DSM-5 for New Zealand Psychologists Chair: John Fitzgerald	Making things work with pain, injury, and despair Garry McFarlane-Nathan	Inclusive education in New Zealand: policies, politics and contradictions Judy Selvaraj	Experiences of caregivers of children who sustained traumatic brain injury (TBI) in early childhood E Cooper & JWharewera-Miika
3.30pm	Georgina Shakes			Chair: John Fitzgerald	Body Image and Quality of Life in Acromegaly Helen M Conaglen	Theories of motivation in education and the workplace Luke Strongman	Can mobile assistive technology contribute to our work with individuals with impaired cognition? Clare Ramsden
4.00pm	Afternoon Tea						
	ICP Case study Forum contd	I/O Symposium contd	Expert Witnesses and Court Chair: Fred Seymour	Complex Adoptive Relationships Chair: Rhoda Scherman	Health Psychology contd.	Forensic Psychology Chair: Sarah Christofferson	General Chair:
4.30pm	John Thorburn	4.30 Effectiveness of individual and organizational strategies to address workplace bullying Dianne Gardner 4.50 Interventions for managing workplace bullying Michael O'Driscoll	Expert Witnesses in the Criminal and Family Courts Fred Seymour Expert Evidence and Juror's Views about Expert Witnesses Suzanne Blackwell	1. Adoptive Fatherhood: The role of biological unrelatedness Anisha Khambatta 2. Birth mothers and adoptive mothers in open adoption Rhoda Scherman 3. The affect of adoption on a couple's intimate relationship Rhoda Scherman 4. Teen adoptee experiences Hanhee Lee 5. Gay/Lesbian adoption parenting: A critical review of literature Vanessa McAlonan	Tales from the other side: Health psychology in Heart Transplantation Iris Fontanilla Expressive Writing and Wound Healing in Older Adults Heidi Koschwanez	Incorporating change information into sexual offender risk assessments using the Violence Risk Scale-Sexual Offender version Sarah Beggs Christofferson Fitness to stand trial evaluations: A practical guide for psychologists Richard Kocsis	Clinical Psychology Dysfunctional cognitive processing in youth and its association with symptoms of anxiety and depression Tatiana Tairi Psychological Practice PeArLS: Beyond Supervision 2000: Challenges and opportunities for Supervision to Registration and PGDip Programmes Barbara Kennedy
5.00pm	Kathryn McPhillips	5.10pm - 6.30 FORUM - Concerns and confidences: An open forum on evidence as a basis for the practice of psychology at work Chair: Frank O'Connor	A Judicial View of Expert Witnesses in the Family Court Judge John Adams The Psychologist as an Expert Witness Suzanne Blackwell		Validation of a measure of living standards for older people Mary Breheny	Implementation of drug court programmes and possibilities in New Zealand Gen Numaguchi	Careers Forum Members of the institutes talk about their jobs 1. Fiona Ayers - educational psychologist 2. Rajan Gupta - forensic psychologist
5.30pm	Jackie Feather						
6.00pm	Discussion						
6.30pm	Whakawhangaunganga (complimentary drinks and nibbles) Foyer Level 0						

SUNDAY 8.00am - 12.30pm

8.00am	Registration Desk Opens					
8.30am	Keynote speaker: Moana Waitoki & Rose Black ROOM: 098					
	Case Room 1	Case Room 2	OGGB4	Case Room 3	OGGB5	ICJFP AGM in Room 098
9.30am	ICounsPsy AGM	IEDP AGM	I/O AGM	IHP AGM	IComPA AGM	ICP AGM
10.00am	Morning Tea					
	Bi-cultural Psychology Chair: Moana Waitoki & Erana Cooper	Children and Young People Chair: Kerry Gibson	General Chair: Iris Fontanilla	Neuropsychology Chair: Janet Leatham	Good Lives Workshop Chair: Sarah Christofferson	Clinical Psychology Chair: Gen Numaguchi
10.30am	<i>Ka tu te whare, ka ora: the constructed and constructive identities of the Māori adoptee</i> Annabel Ahuriri-Driscoll	1. Young people are 'heroic clients' too Kerry Gibson 2. Constructing identity - Young people's experiences of psychotherapy Kelly Thomas 3. What's happening to child refugees? An exploration of the resettlement experiences of child refugees into New Zealand society Caroline Judson 4. Refugee Adolescents: Stressors, coping strategies and experience of mental health services Chaykham Choummanivong	Guestspeaker: Nicola Gavey Intimate intrusions of the neoliberal deceit	<i>Life after acquired brain injury: Can mindfulness-based strategies help?</i> Clare Ramsden	Mini-workshop: <i>Making a Better Life Happen: Integrating the Good Lives Model into Offender Rehabilitation Programmes</i> Gwenda Willis	<i>Comparing predictors of health anxiety across young and older adults in New Zealand</i> Ann Boston
11.00am	<i>Understanding Mate Māori in the 21st century</i> Melissa Taitimu			<i>Traumatic Brain Injury (TBI) in Childhood</i> Kelly Jones		<i>The role of rejection sensitivity and excessive reassurance seeking in mediating the effects of attachment insecurity</i> RossWilkinson
11.30am	<i>Māori women's experiences in mental health services</i> Gemma Tricklebank		<i>Why do women endorse Sexism: The influence of parental Benevolent and Hostile Sexist attitudes?</i> Momina Ashraf	<i>Comparison of a Virtual-Reality Test of Executive Function with Standard Executive Function Tests and their Ecological Validity</i> Ellie Permiskie		<i>Treatment And Prevention Of Adjustment Disorders Caused By Chronic Stressors Triggered Due To Conflicts In Human Values System</i> Himanshu Rai
12.00pm	<i>Māori Women's Experience of Bipolar Affective Disorder: Pathways to Recovery</i> Parewaihaika Harris		<i>Theorizing Young Women's Subjective Desire within a Primary Women's Health Setting</i> Prudence Fisher	<i>Adjusting for the Cognitive Effects of Normal Aging in the Work Place</i> Janet Leatham		<i>Wraparound New Zealand - An initiative for youth with serious mental health disorders: Evaluation of the fidelity and short term outcomes</i> Jacinda Shailer
12.30pm	Lunch					

SUNDAY 1.30pm - 6.00pm

1.30pm	Keynote speaker: Karl Hanson ROOM: 098						
2.30pm	Afternoon Tea						
	Bi-cultural Psychology contd	Clinical Psychology Chair: Tansy Brown	Counselling Psychology Chair: Bill Farrell	Neuropsychology Chair: Janet Leathem	Forensic Psychology Chair: Rajan Gupta	Clinical Psychology contd	
3.00pm	Strategies to reduce the use of seclusion and restraint with tāngata whai i te ora (Māori mental health consumers) in adult inpatient services in Aotearoa. E Cooper & J Wharewera-Mika	An In-Home Intensive Program for CYF Families Ruth Gammon	A qualitative study of Nichiren Buddhists' experiences of engaging in personal therapy Vikki Baird	Coin Rotation Task, a test of Motor Speed and Dexterity: Norms for New Zealand Anneke Thornton	Development and Evaluation of a Dynamic Risk Assessment Measure for Prison Case Management Nick Wilson	Hikikomori – A Japanese Social Disorder Gen Numaguchi	
3.30pm	Challenges to the use of hospice services: a cultural perspective Rosemary Frey	Telepsychology: Issues and Applications Barry Parsonson	Psychologists' Experience of the Therapeutic Breathing Space when Working Mindfully with Clients Jane Gabites	Cheap, Fast, Good: Pick Two - assembling a practical comprehensive assessment for a Memory Service Dryden Badenoch	Mini-Workshop: An Introduction to the Principles and Practice of Psychological Profiling of Aderant Violent Crimes Richard Kocsis	Shame and resilience among Pākehā New Zealanders Samantha Brennan	
4.00pm	Exploring Client Change in Waikeria Prison's Māori Focus Unit (MFU): Te Ao Marama Tess Chalmers Karahihi Tumuaki recipient 2011	Help Yourself to CBT' Amy Montagu & Inga Forman	Teenage motherhood within New Zealand social policy - A discursive analysis Erica Voisin	Monitoring Cognitive Function during ECT: Current New Zealand Practice Anneke Thornton		Therapist - Supervisor Dialogue: Family therapy - building bridges across therapeutic modalities and between individuals and families Nadav Avny & Melanie Stapelberg	
4.30pm	Me Maumaharatanga Ngā Kōrero o Ngā Whānau, Family Recollections and Social Contributions to Māori Children's Learning Tia Neha Karahihi Tumuaki recipient 2012	PeArLS: Resilience Sarbj Johal	Affective experiences of post-graduate counsellor education students in coming to embody a counsellor identity Shanee Barraclough				
5.00pm	NZPsS AGM Case Room 1						
7.30pm	Conference Dinner - MECCA Viaduct Basin						

MONDAY 8.00AM - 1.00PM

8.00am	Registration Desk Opens						
8.30am	The Psychologists Board - ROOM: OGGB5						
9.30m	<i>Morning Tea</i>						
10.00am	Keynote speaker: Nancy Pachana ROOM: 098						
	Case Room 1	OGGB4	OGGB5	OGGB3	Case Room 2	Case Room 3	Case Room 4
	Intimate Relationships Chair: Nickola Overall	Clinical Psychology Training Chair: John Fitzgerald	Youth Justice Chair: Ian Lambie	Neuropsychology Chair: Kerry Gibson	Rapid learning from the future Chair: Neville Blampied	Stepped Care Chair: Jackie Feather	Mini-workshop Chair: Peter Coleman
11.00am			1. Youths' Fitness to Stand Trial: Research and Clinical Practice Alexandra Bajac, Karmyn Billing, Mike Butcher 2. Fitness to Stand Trial and the Curious Case of Developmental Immaturity in Youth Mike Butcher, Karmyn Billing, Alexandra Bajac 3. Kia kotahi te whakaaro: being of one mind. Using tikanga to reconnect youth who have severe conduct problems with their whānau Mariana Hiriaki & Hinemoa Elder 4. O Se Tamaiti Mai Fea? An Exploration into Understanding Pacific Island Youths who Offend Violently Julia Ioane	Guestspeaker: Donna Rose Addis Beyond the Past: The Broader Implications of Memory Loss in Aging and Dementia	1. Video self-modelling as a treatment for spider phobia Neville Blampied 2. Reducing anxiety in public speaking performance using video self modelling for rapid learning Liz Gilchrist 3. Reducing fear of dogs in children through the use of video self modelling Megan Swney 4. Video Feedforward for Rapid Learning of a Picture-Based Communication System Linda Hand	1. Increasing Access to Talking Therapies in Adult Mental Health: Stepped Care Introduction and Pilot Tina Earl 2. Therapists Experiences of the Introduction of Stepped Care in Adult Mental Health Services. Michelle Lenaarts 3. Lifestyles for Wellbeing Group for People with Chronic Conditions: A Qualitative Evaluation Jackie Feather	CCP – everything you wanted to know but were afraid to ask Anne Goodhead, Psychologists Board
11.30am	1. Buffering Attachment Avoidance: Counteracting Defensive Strategies during Conflict Nickola Overall 2. When Visibility Matters: The Costs and Benefits of Visible versus Invisible Support Yuthika Girmé 3. Hostile Sexism, Interpersonal Perceptions and Aggressive Relationship Behaviour Matthew Hammond	1. Ethics in Practice: Attitudes and Behaviours Amongst Clinical Psychologists in New Zealand John Fitzgerald & Joshua Myers 2. Clinical Psychology Pre-Qualification Training in the Use of Outcome Measures John Fitzgerald 3. Measurement and Prediction of Clinical Psychology Students' Satisfaction with Clinical Supervision Eileen Britt	Neuropsychological Assessment of Distractibility in Mild Traumatic Brain Injury and Depression Ralf Schnabel				
12.00pm							
12.30pm							
1.00pm	LUNCH						

MONDAY 2.00PM - 4.00PM

	Case Room 1	OGGB4	OGGB5	OGGB3	Case Room 2	Case Room 3
2.00pm	<p>General Chair:</p> <p><i>Cynicism, Empathy and Social Justice Perception</i> Lawrence Powell</p>	<p>Clinical Psychology Chair: John Fitzgerald</p> <p><i>Clinical Decision Making Among Sexual Abuse Counsellors Working With Child and Adult Survivors of Sexual Abuse: A New Zealand Study</i> Cheryl Woolley & Gillian Craven</p>	<p>Youth Justice contd.</p> <p>5. <i>Lighting the way: What do we know about children who engage in deliberate firesetting?</i> Ian Lambie</p> <p>6. <i>Breaking the Cycle: Reducing the Risk of Re Offending in Young Adult Offenders in the Community</i> Louisa Webster</p>	<p>ACC Session Chair: Peter Coleman</p> <p>ACC presentation: <i>Sensitive claims assessment and treatment service</i> Emma Powell & Kris Fernando</p>	<p>Rapid learning from the future contd</p> <p>5. <i>Use of iPads for Feedforward video self modelling to build reading fluency</i> Cathy Robson</p> <p>6. <i>Video Feedforward for Beginning Literacy in Liberia</i> Peter Dowrick</p>	<p>Mini-workshop Chair: Quentin Abraham</p> <p><i>Escaping "Death by Powerpoint": the psychological principles underlying engaging & effective spoken & written presentations</i> Dryden Badenoch</p>
2.30pm	<p>Data-Focus Approach: Developing A New Method In Applied Psychology Johana Prawitasari</p>					
3.00pm	Keynote Speaker: Margaret Wetherell - THIS IS ALSO AN INAUGURAL LECTURE - ROOM: 098					
4.00pm	Refreshments & Farewell					

Posters

Posters will be displayed in the Foyer on Level 0 for the entire conference

Poster Board 1

Increasing Civic Engagement and Wellbeing in New Zealand Youth

Jill Hayhurst

Poster Board 1

Principles and Practice of Psychological Reporting in the Family Court

Debra Ridgway

Poster Board 2

Child Behaviour and Parental Stress Two Years Following the Christchurch Earthquakes

Terri Motraghi

Poster Board 2

Child Response to Language Intervention Following a Natural Disaster: A Case Series

Terri Motraghi

Poster Board 3

Psychological effects of the 2010 and 2011 Canterbury earthquakes and aftershocks in clients with anxiety disorders

Terri Motraghi

Poster Board 3

The effects of a story grammar intervention on preschoolers' story retelling, language production and language comprehension skills: A randomised controlled study

Terri Motraghi

Poster Board 4

Using Cognitive Behavioural Therapy (CBT) in the treatment of anxiety, depression and low self-esteem: Two Pasifika case examples

Dr Mark Franks

Poster abstracts are on page 61-62

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Department of Corrections

Corrections was formed in 1995 on the principles of rehabilitation and public safety, and has developed alongside beliefs and trends that have influenced crime and punishment in New Zealand – which remain at the core of what we do.

At any given time, 8,500 individuals are in prison, and 31,000 offenders are serving a community sentence or order. Our goal is to reduce re-offending by 25% by 2017. Doing this will mean 600 fewer re-imprisonments, 4,000 fewer people being reconvicted on community offences and 18,500 fewer victims.

We work to address the reasons people turn to crime, such as a lack of education, a history of violence and abuse, drug and alcohol addiction, joblessness and homelessness. In New Zealand 40% of offenders are Maori, so working with tangata whenua to help offenders lead a crime-free life is a strong focus.

The fact is most prisoners will return to the community at some stage. It is essential for us to ease their transition back into society and support them effectively to ensure they do not return to crime.

Corrections provides a number of treatment programmes and specialist care units to help people turn their lives around. We also partner with community groups, iwi and organisations that have expertise in the areas we know make the biggest difference.

Working with people to ensure they receive the help they need to stop offending reduces the risk they pose to the public and makes our communities safer places to be.



Te Pou & Le Va

Te Pou works to support and develop the mental health, addiction and disability workforces in New Zealand. Te Pou's purpose is to enhance people's health and wellbeing by developing a sustainable workforce delivering quality services. To achieve this, we provide health organisations with tools, products and resources to help them build a strong and enduring workforce and improve their services. Te Pou incorporates Disability Workforce Development which is a programme dedicated to supporting workforce development for frontline disability support staff as well as Le Va, Pasifika within Te Pou - New Zealand's national Pacific health workforce development programme.

Le Va, Pasifika within Te Pou, is proud to be valued as New Zealand's national hub for Pasifika mental health and addiction workforce development, as well as national coordination for the disability support services sector. We play a role in translating policy into practice for all three sectors at a national level, meeting local needs. A major focus is enhancing the responsiveness of mainstream services to better meet the needs of our Pasifika communities. Our vision is clear - vibrant Pacific leadership and well Pacific families. Our approach is holistic: we believe health encompasses mental, physical, social and spiritual wellbeing. Our portfolio supports this perspective, encompassing workforce development across mental health, disability and general health.



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see their presentation abstract on page 60



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Te Poari Kaimātai Hinengaro
o Aotearoa

The Psychologists Board

The Psychologists Board is, in accordance with the responsibilities and functions defined in the HPCA Act, the body mandated to oversee the training, registration, continued competence and conduct of psychologists in New Zealand. The principal purpose of the HPCA Act is “to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions.”

The Board is directly accountable to the Minister of Health in his or her role as the guardian of the health and safety of the public. This orientation of the Board can be contrasted with other professional organisations such as the New Zealand Psychological Society and the New Zealand College of Clinical Psychologists which represent the interests of their psychologist members. Although the Board may guide the profession, their primary mandate is the protection of the public. Contact: Phone: +64 4 471-4580, email: info@nzpb.org.nz

see their presentation abstract on page 53



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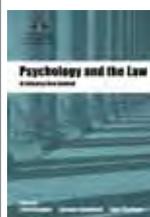
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2. Psychology and the Law in Aotearoa New Zealand.

Edited by Fred Seymour, Suzanne Blackwell, John Thorburn

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3. Ka Tū, Ka Oho: Visions of a Bicultural Partnership in Psychology

Edited by Raymond Nairn, Phillipa Pehi, Rosanne Black and Waikaremoana Waitoki

NOW \$39 was \$45



4. New Zealand Journal of Psychology Special Issue: Psychology and Disasters

NOW \$30 was \$34.50

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Programme & Abstracts, Saturday 7th

DISCLAIMER

Abstracts are presented in the form they were submitted and have not been modified by the programme committee.

8.30am - 6.30pm	Registration
9am - 10am	Mihi whakatau
10am	Morning Tea
10.30am	Keynote Speaker
11.30am-1.00pm	Symposia
1.00pm	Lunch
2.00pm	Keynote speaker
3.00pm - 6.30pm	Symposia
4.00pm	Afternoon Tea
6.30pm	Whakawhanaungatanga

Morning 11.30am- 1.00pm

Institute of Clinical Psychology - Case Study Forum - Clinical "know how" For Trauma: Perspectives of Psychologists Working Across a Range of Client Groups

Chair: Chris Dyson
11.30am - 1.00pm OGGB 4

People who have experienced trauma are seen by psychologists across a very diverse range of settings, from Child Youth and Family Services to the NZ Defence Force. Psychologists must use what knowledge and resources are available in their work place to support their clients, and through this experience each clinician develops their own set of specialist skills in treating trauma. Clinicians can strengthen practice in the field of trauma by sharing what they find useful in day to day practice. They can contribute to research and resource development by identifying areas for future development. The purpose of this Case Study Forum is to present the perspectives of experienced clinicians working with a range of traumatised clients. Each clinician will critique the application of current trauma theory and research in clinical practise, highlighting the unique aspects

of their specialist area of work. Case material will be used to highlight what assessment and intervention techniques are beneficial to their particular group of clients. They will make recommendations about training and resources that would benefit other clinicians wanting to develop their own knowledge and skill in the area.

11.30am
George Furstenburg, Clinical Psychologist
Family Systems and Trauma

George.Furstenburg@lakesdhb.govt.nz,

12.00pm
Katrina Allison, Clinical Psychologist
Gateway/ACC mental injury

k.allison@psychologist.net.nz

12.30pm
Christine Vorster, Clinical Psychologist
Sexual abuse/attachment

christine@petamus.co.nz

Industrial & Organisational Psychology Symposium

Chair: Michael O'Driscoll
11.30am - Case Room 1

11.30am
Assessing stress among Australian employees using the Occupational Stress Inventory-Revised

Richard Edward Hicks, Bond University, Australia
Many professions face increasing stress in the workplace though there are few instruments that can assess stress levels across the professions. The author has been supervising research students in Australia using one such instrument- the Occupational Stress Inventory-Revised (OSI-R). This paper reports on some of the studies conducted. The OSI-R gives results across three main dimensions (occupational roles, experienced stress, and coping resources) and 14 sub-scales. Previous papers have identified the latent structure of the OSI-R as generally reflecting two of the three dimensions suggested by Osipow et al. (for their OSI-R) and the need to divide the third dimension into two. An update on the studies in relation to this latent structure is briefly presented and then specific attention is given to the fourteen OSI-R dimensions – what they have in common across the work groups sampled (totalling some 1000 people) and the implications for managers and consultants.

rhicks@staff.bond.edu.au

12.00pm
Experiences and strategies of consulting in Māori organisations: A Hungarian perspective

Edit Horvath, Active WorkLife Solutions Ltd.
Consulting is complex and multi-faceted, meeting often

Programme & Abstracts, Saturday 7th

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tight deadlines, making judgments and communicating findings which are not always easy for audiences to accept. How can a pale Hungarian survive in a Māori organisation, understand and work with tikanga and whanau dynamics? Instinctive reactions to situations, personalities, and potential warning signs of “issues”, feelings, thoughts and behaviours are examined. The impact of organisational processes, relevant support, cultures, languages and experiences will be explored. Discovering workable approaches and true relationships to be authentic, strong, calm, balanced and successful will be outlined.

edit@activeworklife.com

12.30pm

A Bayesian model examining the spillover effect in the life-job satisfaction relationship among New Zealanders

Tagonei Mharapara, University of Auckland
Petar Milojev, University of Auckland
Nikhil Sengupta, University of Auckland
Lara Greaves, University of Auckland
Chris G. Sibley, University of Auckland

The causal nature of the relationship between job satisfaction (JS) and satisfaction with life (SWL) remains an undecided and controversial topic in organisational research. The current paper seeks to establish causal directionality in the SWL-JS relationship among New Zealanders. Longitudinal data is drawn from the New Zealand Attitudes and Values Study. Using a sample of 2,409 participants, cross-lagged Bayesian path analysis is used to model the relationship since credible intervals tend to have more natural probability interpretations than confidence intervals from the Frequentist models (see Gelman, Carlin, Stern & Rubin, 2003, for extensive discussion). Results support a spillover effect in the SWL-JS relationship among New Zealanders. Evidence also shows that SWL is a stronger predictor of JS when compared to the reverse. These findings call for more research on possible moderators such as demographics and employment factors in the SWL-JS relationship among New Zealanders. Theoretical and practical implications are discussed.

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Professional Complaints: Issues, Personal Impacts, and Legal Considerations

Chair: Assoc. Prof. Neville Blampied

11.30am - OGGB 3

11.30am

The “C” word: Issues arising from professional complaints

Freda Walker, PhD

Regrettably, professional complaints are now an expected by-product of our work as psychologists. However, as a profession, we have been loath to talk about such matters, perhaps because of shame. The purpose of this paper is to open up discussion within the profession by looking at a number of issues that arise from a specific sample of complaints. Many of these issues will have major implications for all practitioners as well as for any of our number who sustain professional complaints. There are also some matters raised for consideration by the bodies who represent us and regulate us.

fredawalker@gmail.com

12.00pm

When pointing the finger becomes pointing the bone

Dr JaneMary Castelfranc-Allen

All communities of people have expectations of their members and psychologists are no exception. We have developed both informal and formal social codes of conduct that regulate and maintain membership of our profession, both simply as human beings and as registered psychologists. This is an account of a complaint made to the Psychologists Board several years ago. It encompasses the historical and socio-political contexts of the time in terms of the relevant research, clinical practice and testifying in Courts. It traces the formulation and the investigative process of the complaint, compares the actual emotional effects on the complainee with the clinical research on trauma and PTSD, and describes the ripple effects on those family, friends and colleagues who were drawn into the maelstrom that continued over several years. This is a personal account of what happened. It also exhorts us to make sure that we, as a professional community, regulate ourselves humanely and employ processes that guard against abuse, including the practice of “pointing the bone”.

drj@appliedpsych.co.nz

12.30pm

The nature of professional complaints against psychologists before the Board and the Professional Conduct Committee – inquisitorial or adversarial procedure?

Dr Donald Poirier, LLD

This paper is limited to examining the nature, procedure and processes of professional complaints used by the Board and the Professional Conduct Committees. First, a number of preliminary considerations are analysed, among which are the limitation period to bring a complaint, the withdrawal of the complaint, and double jeopardy. Secondly, the application of the principles of natural justice is canvassed: the right of the professional to know the nature of the proceedings against him or her, the right to information during the process and the right to comment on documents provided at every step of the procedure. The third section analyses the nature of the procedures used by the Board and the Professional Conduct Committees considering the presumption of innocence, the burden of proof, procedural protection against abuse

Programme & Abstracts, Saturday 7th

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of process. Finally, the author concludes that the procedure used by the Board and the Professional Conduct Committee is more an inquisitorial approach, usually associated to the European civil law system, than the adversarial procedure normally used in our Common Law system.

Donald.Poirier@gmail.com

Discussant: Dr Barry Parsonson

General Psychology

Chair: Tansy Brown

11.30am - Case Room 2

11.30am

multilevel facilitating to manage perceived psychosocial problems in the community

Johana E. Prawitasari, Professor in Clinical Psychology, Universitas Kristen Krida Wacana (UKRIDA)

Lucia P. Novianti, Professional Psychology Master Program, Faculty of Psychology, Universitas Gadjah Mada

Ratri Kartikaningtyas, Professional Psychology Master Program, Faculty of Psychology, Universitas Gadjah Mada

Thukul D. Handayani, Professional Psychology Master Program, Faculty of Psychology, Universitas Gadjah Mada

Multilevel Facilitating (MIF) is a method to creating down-liners of people in the community. The purpose of this study is to support the evidence that MIF is effective to be transferred to the community in solving its own perceived psychosocial problems.

Three community groups participated in this study. They were women active in the community, health centers personnel, and the police as the core group of the study. Research Design was quasi pre-post experimental design without control group. Observation data during the transferring process were presented as time series.

Results showed that MIF was effective in the core groups.

The skills in using MIF improved in all groups according to observations during the process of transferring the method. It is recommended that all three groups who have had the skills in MIF keep on using and transferring the method to the next groups that the multiplication effects will become enormous.

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12.00pm

The reintegration of ex-combatants after civil war: What lessons can social psychology provide?

Daniel Ohs - Masters student in Peace and Conflict Studies, National Centre for Peace and Conflict Studies, University of Otago

The reintegration of ex-combatants into civilian life is one of the most difficult challenges of peacebuilding. Yet, despite its contributions to our understanding of human behaviour, the field of psychology has been scarcely consulted in this

regard. The present study aims to begin bridging this gap by constructing a preliminary conceptual framework of sociopsychological issues regarding the perpetration of violence and its reconciliation as relevant to the ex-combatant context. To achieve this, the framework draws upon and coalesces various sociopsychological theories pertinent to social, behavioural, cultural and cognitive facets of intergroup relations, akin to work by Staub (2011) on genocide and Bar-Tal (2007) on intractable conflict. When applied to contemporary normative reintegration programmes, the framework illuminates serious gaps in the politically and economically dominated institutional understanding of human behaviour, illustrating the need to build bridges and encourage dialogue across psychology disciplines, development and peacebuilding to help solve these challenging problems.

danielohs@gmail.com

12.30pm

Looking for information? How to use the EBSCO Psychology Database Collection – free for members!

Olivia Beattie, Regional Sales Manager - Biomedical Research AU/NZ | EBSCO Information Services

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obeattie@ebscopub.com.au

Clinical Psychology

Chair: Fiona Howard

11.30am OGGB 5

11.30am

A model of resilience in the psychology profession

K. McCormick

F. Howard

K. Gibson

S. Barker-Collo

F. Seymour

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School of Psychology, The University of Auckland
Resilience for psychologists and mental health professionals is a process that maintains and promotes well-being when facing work stress and vicarious trauma. In this project, a model incorporating individual, relational and contextual processes of resilience was constructed from a comprehensive review of the literature, and then examined in an online survey of New Zealand psychologists. Path analysis revealed support for the proposed model. In a further step, focus groups were conducted to explore resilience in more detail, including any aspects not captured by the survey. In this paper, the themes identified in focus groups are presented. Focus group members emphasised the importance of professional relationships and workplace cultural factors that undermined their ability to engage in these relationships. Self-reflection and self-care were described as being particularly important for maintaining resilience. The results suggest positive interventions targeted at individual, team and organizational levels may restore and strengthen resilience in psychologists.

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12.00pm

Building and maintaining resilience in the health workforce: A relational-contextual model of supervision

Fiona Howard, Clinical Psychologist and Senior Tutor at the University of Auckland

Background: The cultivation and maintenance of resilient individuals and environments is emerging as a way to reduce negative and increase positive outcomes of stress in mental health and related professions (McCann et al, 2012). Our knowledge about what constitutes effective protection against stress and burnout in such professions, and the role of clinical supervision in this endeavour, is increasing. However, there is little to guide the participants about how to conduct this growth-fostering aspect of supervision effectively and ethically. Aims: This paper addresses this gap for those who work with adversity such as client distress, trauma, and challenging workplace stressors. A relational and contextual approach to supervision was devised based upon evidence from the international literature and a study of psychologists' resilience in New Zealand which explored individual, environmental, relational, professional, and spiritual resources (McCormick, 2013). Main contributions: The proposed approach is a proactive approach to the restorative function of supervision. It features a strong and positive supervisory relationship at the centre, embedded within a network of growth-fostering peer and collegial relationships. Values such as the acceptability of emotional vulnerability and the importance of self-reflection and personal therapy during training and beyond are made explicit. The supervision focus includes the use of evidence-based resilience building interventions in conjunction with systemic strategies related to workplace culture and relationships. Conclusions: The approach provides clear direction for supervision practice which ideally complements resilience-building educational or

organisational interventions. Further research is needed to determine its efficacy in practice.

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12.30pm

Greetings from the edge: Precarious bridges into the future from the past

Dr Ingo Lambrecht, Senior Clinical Psychologist at Manawanui Oranga Hinengaro Services for Māori, Auckland

Abstract for Theoretical Issues/Professional Topics:

Te Whare Tapa Wha, a Māori health model, widely used, officially sanctioned, learned by rote, holds within it the notion of Wairua. Most presentations of Wairua are all very meaningful, and, at times, quite insipid. However, there are sharper edges to Wairua in Māori and other indigenous knowledges that cannot be easily integrated into Western clinical psychology. The reason is that these edges question the very epistemological and ontological basis of psychological knowledges. This is often in itself a 'tapu' subject, denied and ignored, despite scientific research and evidence. Some of this evidence will be presented. Working at a Māori Mental Health Service brings these concerns to the surface. It will be argued with clinical examples that truly integrating Wairua into practice and knowledge requires delicate negotiations. Accessing Wairua takes us to the edge of psychology, a call from the rejected past that beckons us into a forbidden future.

Type of Data: Theory/Research/Clinical Vignettes

Population: Psychologists

ingol@adhb.govt.nz

Research in Practice Settings

Chair: Dr Barbara Kennedy

11.30am - Case Room 3

11.30am

Multi-Element Model and Good Lives Model: A case-based comparison

Kurstyn Stedman, Massey University, PGDipPP (Intern) and The Community Care Trust

Achieving social and community integration is a challenge both in supporting adults with challenging behaviours, and in rehabilitation of offenders. The Community Care Trust (CCT) uses the Multi-Element Model (MEM) developed by LaVigna and Willis in providing support to adults who have an intellectual disability and/or Autistic Spectrum Disorder. The model was originally used to develop interventions for people who have an Intellectual Disability and whose place in the community was at risk, due to risk they presented to themselves or others. Following the introduction of the IDCCR Act (2003) the CCT also utilised the model to design interventions. The Good Lives Model is a strengths-based framework of offender rehabilitation, with a sound evidence base. Through the use of case studies, this presentation will compare the MEM and the Good Lives Model to inform not only the practice of the CCT, but also

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with possible wider application in the sectors.

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12.00pm

Physical neglect and delinquent behaviour

Melissa Wilson, Massey University, PGDipPP (Intern)

Although current maltreatment research speculates that neglect is more prevalent than abuse and often undetected, neglect is perhaps still the least studied and understood. This questionnaire-based study explored neglect and its relationship to insecure attachment and youth delinquency in a New Zealand sample of eighty-one males, aged 16-20 years. Three questionnaires were administered: Childhood Trauma Questionnaire, Adolescent Attachment Questionnaire, and Self-Report Delinquency Scale. Results indicated that overall maltreatment, overall abuse, overall neglect, physical abuse, and especially physical neglect were related to participation in all identified types of delinquent behaviours except hard drug use. In addition, for participants who had left school, physical neglect was the only type of maltreatment significantly related to delinquency. A challenge for the practitioner is in distinguishing possible neglect as a predisposing or precipitating condition among the multiple factors which have been identified as potentially exacerbating or ameliorating the impact of maltreatment.

melissawilson1983@live.com

12.30pm

The challenges of a novice psychologist's socialisation into the professional imperative of cultural competence.

Lola Ianovski, Massey University, PGDipPP (Graduate)

Professional literature identifies many, not always complementary, approaches to culture and its place in psychological practice. The practical implications of different approaches to cultural competence vary, and each professional faces the challenge of making sense of the rich and complex topic of cultural competence, and finding their own stance within it. A big part of this challenge is to reconcile personal and academic understandings of culture and its place in psychological practice with prescribed professional guidelines for cultural and bicultural competencies. Further compounding the task is the pressure to not only "be" culturally competent, but to also demonstrate or "do" it clearly enough both for our clients, and to the satisfaction of our supervisors. This presentation reflects one psychologist's journey of facing the challenges surrounding cultural competence as a student, the intern psychologist, and finally as a newly registered professional.

lola.ianovski@gmail.com

Neuropsychology

Chair: Clare Ramsden

11.30am - Case Room 4

11.30am - 1.00pm

Mini-workshop: Life events don't stop when you survive a brain injury: Improving access to mainstream psychological services for people with (and without) acquired cognitive impairments

Dryden Badenoch, Consultant Clinical Psychologist, Relaxed Therapy

People with acquired cognitive impairments can struggle to access mainstream mental health services, due to fears that their limitations may hamper or preclude therapy for mood disorders or traumas which are unrelated to their brain injury.

This workshop demonstrates the benefits to all our clients of adapting our therapeutic settings to minimise the impact of any cognitive impairment, and facilitates this by providing a self-assessment framework & toolkit for therapists. It is suitable for any clinical psychologist: student, intern or clinician.

We review the impact of impairment of attention, language, memory, visiospatial and executive function on mainstream psychological therapy (e.g. CBT, DBT, ACT).

We work through a case study of therapy addressing trauma earlier in life, which was delivered subsequent to brain injury in later life.

We discuss low-cost, high-impact improvements to conventional therapeutic settings & approaches which can improve all our clients' access to & experience of therapy.

drydenbadenoch@relaxedtherapy.com

Afternoon 3.00pm - 6.30pm

Institute of Clinical Psychology - Case Study Forum continued

3.00pm - 6.30pm - OGGB 4

3.00pm

Ian de Terte, Clinical Psychologist, Senior Lecturer, Massey University

Defence trauma

I.deTerte@massey.ac.nz

3.30pm

Dr Georgina Shakes, Clinical Psychologist, Auckland DHB

Medical trauma

GShakes@adhb.govt.nz

4.30pm

John Thorburn, Clinical Psychologist

Programme & Abstracts, Saturday 7th

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Refugee trauma

thorburn.j.r@gmail.com

5.00pm

Kathryn McPhillips, Clinical Psychologist, Clinical Manager HELP organisation

Sexual abuse

info@helppauckland.org.nz

5.30pm

Dr Jackie Feather, Clinical Psychologist, Senior Lecturer, AUT University

Single incident trauma

jackie.feather@aut.ac.nz

6.00pm

DISCUSSION

Industrial & Organisational Psychology Symposium continued

3.00pm - 6.30pm Case Room 1

3.00pm

Employee resilience and work-related outcomes: A study of Canterbury employees

*Katharina Näswall, University of Canterbury
Joana Kuntz, University of Canterbury
Sanna Malinen, University of Canterbury*

Most of the extant resilience literature is mainly rooted on the clinical notion of coping with challenging life circumstances, and views the construct as primarily dispositional. However, recent research has proposed a departure from the trait-like approach, suggesting that resilience can be cultivated, and that successful adaptation to adversity or change is symptomatic of its developable nature. Despite the likely connections to positive responses in changing environments, the investigation of resilience in the workplace is largely limited to an organisation-level assessment, and research to date has yet to uncover the relationship between employee resilience and important work-related outcomes. Using a mixed-methods approach (survey and focus groups), the purpose of the present study is to empirically ascertain, using an employee-centric measure of resilience, the relationship between employee resilience and work-related stress, change readiness, and turnover intentions by surveying workers from a large organisation operating in the Canterbury region.

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3.20pm

The informal market trader and proactive personality

*Colleen Rigby (Hyde), University of Waikato
Fiona Donald, University of Witwatersrand
Jens Mueller, University of Waikato*

Informal market traders operate in many NZ towns and

cities. This paper researches whether there are cross cultural differences between those operating in South Africa and those in New Zealand. The Proactive Personality Scale (PPS) was administered to 26 New Zealand and 27 South African informal market traders. South African market traders score significantly higher on the scale overall and specifically on 13 items of the scale. The differences appear to relate to broad systemic issues, innovation and ideas and social responsibility. The implications for informal market traders in New Zealand are discussed.

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3.40pm

Not like us: An investigation into the personalities of New Zealand CEOs

*Vathany Sambath, Winsborough Limited
Dave Winsborough, Winsborough Limited*

Previous research has shown that personality predicts both leadership emergence and style. This study investigated whether the personalities of New Zealand Chief Executives differ from a normal working population and whether there were meaningful differences amongst CEOs. We found that CEOs and CEO aspirants (N = 151) differed significantly from the norm on measures of "bright side" style, "dark side" derailers, and "inside" values. NZ CEOs are more composed, competitive, outgoing, and learning-oriented in their style. Under pressure, they become melodramatic and disinclined to accommodate others. Their values profile indicates they are driven, conservative, and "no-nonsense". We also identified significant homogeneity. Finally, we classified the CEO cohort into three "sub-tribes", descriptively labelled Alphas, Pragmatics, and Mavericks. Implications for the selection and development of CEOs are discussed, along with the study's limitations and suggestions for ongoing research. This research should be of interest to those who work or deal with CEOs.

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4.30pm

Effectiveness of individual and organizational strategies to address workplace bullying

*Dianne Gardner, Massey University
Tim Bentley, Auckland University of Technology
Bevan Catley, Massey University
Helena Cooper-Thomas, University of Auckland
Michael O'Driscoll, University of Waikato
Linda Trenberth, Birkbeck College, London*

Workplace bullying remains a significant problem in many organisations worldwide, with significant negative impact on the wellbeing of individuals, organisations and communities. Interventions tend to be reactive, addressing individual perpetrators and targets rather than the structural or systemic factors that facilitate bullying. Individual coping responses which directly address the problem, such as counter-attacks or reporting, tend to escalate problems. Effective solutions are most likely to involve organizational factors such as constructive leadership, perceived organizational support and the presence of effective

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strategies for managing bullying. An organization-wide survey was completed in New Zealand by 1733 employees from four sectors: healthcare (42%), education (27%), hospitality (8%) and travel (19%). Perceived organizational support, constructive leadership and effectiveness of organizational strategies were expected to be associated with reduced levels of bullying, and to weaken the positive association between bullying and strain and the negative relationship between bullying and wellbeing. In contrast, individual-level task-focused and emotion-focused strategies were expected to be associated with increased levels of bullying and to worsen the effects of bullying on strain and on wellbeing. Direct and moderated effects were analysed and implications for research and practice will be discussed.

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4.50pm

Interventions for managing workplace bullying

Michael O'Driscoll, University of Waikato

Workplace bullying has received much attention in organisational behaviour and human resource management research over the past 20+ years. Considerable research has been conducted on the causes of bullying and its outcomes, although there has been relatively little empirical evaluation of strategies for dealing with workplace bullying. Some investigations have focused on personal coping strategies, but generally these have been found to be ineffective in reducing bullying experiences. Recently attention has been given to organisational initiatives or efforts to address bullying problems. Several practice-oriented books and articles have focused on what organisations can, and should, do to reduce bullying and alleviate its negative consequences. This presentation will focus on practical efforts that managers, who have major responsibility for addressing this problem, can engage in. The main thrust of the presentation is that constructive leadership and the development of a collegial climate at work are essential prerequisites for handling workplace bullying. Specific initiatives, such as policy development, communication, developing complaints procedures, and setting up transparent behavioural contingencies, will be discussed in detail.

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5.30pm - 6.30pm

Forum: Concerns and confidences: An open forum on evidence as a basis for the practice of psychology at work

Chair: Frank O'Connor, Moe Resources

This practice forum is open to all, but content prepared by those given five minutes to speak will be restricted to work psychology examples. Listen and respond to views on the satisfactory standard of evidence used in our practice with clients. A number of panel members will outline their confidences and concerns with evidence. That different kinds of evidence exist for different purposes often gets forgotten in the faithful espousing of the evidence-based scientist-practitioner model. But what should we be cautious about? And what is the evidence good for? How does this relate

to views on validity? When might "good enough" not be? We will think carefully about answering the question of 'Evidence of what, exactly?'

Five or six speakers giving views for up to five minutes each, then discussion. Participants are asked to refrain from throwing fruit or theoretical gibberish, but bouquets, curly questions and practical dilemmas will be welcomed.

franko@moa.net.nz

Guest Speaker: Jan Pryor

Bringing Stepfamilies into the Fold: An update on Research and Policy

Chair: Prof Fred Seymour

3.00pm - 4.00pm OGG 3

Abstract see page 12

Implications of the release of DSM-5 for New Zealand psychologists - Forum

3.00pm - 4.00pm -Case Room 2

Chair: Dr John Fitzgerald, The Psychology Centre, Hamilton

The release of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) by the American Psychiatric Association has drawn a fair amount of negative comment both within America and internationally. The Division of Clinical Psychology (DCP), the clinical division of the British Psychological Society, has recently released a position statement on the classification of behaviour and experience in relation to functional psychiatric diagnoses. In this statement the DCP voices its own concerns about what it sees as the increasing medicalization of distress, and the increasing application of a 'disease' model to the "... realms of thoughts, feelings and behaviours..." in a way which is not consistently supported by current research literature.

What are the views of New Zealand's psychologists on the release of the DSM-5? What do we think about the DCP call for a paradigm shift? The goal of this forum is to capture some of the reactions to the release of the DSM-5, including the DCP's contribution, and relate these to psychology as practiced in Aotearoa New Zealand.

The forum will start with four short presentations on various aspects of the DSM-5 followed by the presenters forming a panel for discussion/questions from the floor.

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Health Psychology Symposium

Chair: *Iris Fontanilla*

3.00pm - 6.30pm OGGB 5

3.00pm

Making things work with pain, injury, and despair

Garry McFarlane-Nathan, Clinical Psychologist, XtraPsych Ltd

Working with work-capable claimants in receipt of weekly compensation under a public or private insurance company can be extremely challenging for both clinician and client. The client must learn how to re-establish their personal resource to where they can again deliver a recognisable work-output. They will have to do this despite significant pain effects, cognitive difficulties, functional limitations from physical and/or neurological damage, and often against a backdrop of considerable psychological trauma secondary to their injury. This will be a daunting and often fearful challenge, particularly as they perceive an outcome where they have been assessed as being fit for work, their weekly compensation discontinued, and now with an economic climate that could well see employers overlooking them in any case. This scenario shapes a cluster of powerful cognitive obstructions that both client and clinician must confront and work through in order to facilitate a successful outcome. Four brief case studies are presented, two Māori, two non-Māori. One an example of the typical unsuccessful outcome with this population and how this happens, the other three outline success stories and how that happened.

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3.30pm

Body image and quality of life in acromegaly

Helen M Conaglen, Clinical Psychologist/Senior Research Fellow, University of Auckland

Dennis de Jong, University of Waikato

Veronica Crawford, Waikato Hospital

Marianne S Elston, University of Auckland/Waikato Hospital

John V Conaglen, University of Auckland/Waikato Hospital

Background: Acromegaly is associated with an impaired quality of life but there is less evidence about the psychological features of acromegaly and particularly the impact of the physical disfigurement caused by acromegaly on quality of life measures.

Aim: To assess the relationship between body image and quality of life in acromegaly.

Methods: Cross-sectional questionnaire study of acromegaly patients treated by Waikato Hospital Endocrine Service, an age-matched sample of non-functioning pituitary tumour patients, and a control group. Utilised the Body Image Disturbance Questionnaire and Acromegaly and Duke Quality of Life Scales as well as general measures of well-being.

Results: No significant differences found between groups on measures used; however case analyses showed how variation

within groups makes statistical significance less important than individual clinical assessment.

Conclusions: Study demonstrates how well adjustment processes compensate for physical changes potentially affecting patients' quality of life.

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4.30pm

Tales from the other side: Health psychology in heart transplantation

Iris S. Fontanilla, NZ Heart/Lung Transplant Service, ADHB

Background: Heart transplantation poses unique psychological challenges to the individual patient and their families/whanau throughout their patient journey.

Aims: To showcase the contribution health psychologists have demonstrated to date in this physical health setting via case vignettes and practice based outcomes including: decreasing psychological distress, improving adherence to medical and lifestyle regimes, and fostering illness adjustment across the patient's illness trajectory.

Main Contributions and Conclusions: Health psychologists provide evidenced based therapies to address the psychological sequelae which can impact on patients' health outcomes and overall well being.

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5.00pm

Expressive writing and wound healing in older adults

Heidi Koschwanez, Research Fellow, Department of Psychological Medicine, The University of Auckland
Ngaire Kerse, General Practice and Primary Health Care, The University of Auckland

Margot Darragh, Department of Psychological Medicine, The University of Auckland

Paul Jarrett, Department of Dermatology, Counties Manukau District Health Board, Auckland

Roger Booth, Department of Molecular Medicine & Pathology, The University of Auckland

Elizabeth Broadbent, Department of Psychological Medicine, The University of Auckland

Background: Psychological stress is associated with slower wound healing. Expressive writing has been shown to speed wound healing in young men. No research has investigated these effects in older adults, a population susceptible to slower healing.

Aims: To investigate the effects of expressive writing on wound healing amongst older adults.

Methods: Forty-nine healthy older adults were randomly assigned to either write about upsetting life events (Expressive Writing) or daily activities (Time Management), for 20 minutes a day over 3 days. Two weeks post-writing, 4mm punch biopsy wounds were created on the arm. Wounds were photographed regularly for 21 days to monitor healing.

Results: Expressive Writing participants had a greater proportion of fully re-epithelialized wounds at Day 11 post-biopsy compared with Time Management participants (X2

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(1, n= 40)=4.83, p=.03).

Conclusions: Expressive writing appears to speed wound healing in older adults. Future work should investigate expressive writing in clinical populations.

h.koschwanez@auckland.ac.nz

5.30pm

Validation of a measure of living standards for older people

Mary Breheny, Senior Lecturer, School of Health and Social Services, Massey University

Christine Stephens, Massey University

Fiona Alpass, Massey University

Brendan Stevenson, Massey University

Kristie Carter, Massey University

Polly Yeung, Massey University

Living standards are an effective way to assess socioeconomic status but controversy remains about their assessment, particularly for older people. Sen's capability framework shifts attention from material conditions to opportunities for choice enabled by material resources. This paper reports on the development of a measure of living standards for people aged over 65 years in New Zealand. Questionnaire items were tested to assess the extent to which older people had the freedom to pursue six living standards domains. These items were included in the New Zealand Longitudinal Study of Ageing. Confirmatory factor analysis suggested that the six theoretical domains were supported. Following model development, 25 items assessing the six domains were selected. Results to date show that this measure (LS-Cap) is a promising instrument to assess living standards. Using the capabilities approach solves the problems of the meanings of material goods by focussing on the freedom to access valued needs.

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6.00pm

The impact of slumped versus upright posture on emotions and stress responses

Shwetha Nair, Intern Health Psychologist

Dr Elizabeth Broadbent, Supervisor

Background: Previous research has established that changes in posture appear to induce emotional states and influence how affective information is processed.

Aims: The present study manipulated posture (slumped versus upright) to test its effects on emotions and physiological outcomes during a stressor.

Method: Seventy-four participants were randomly assigned to either a slumped seated posture or an upright-seated posture. All participants performed the Trier Social Stress Test followed by the completion of a set of questionnaires assessing mood, self-esteem, perceptions of probability, degrees of fear and levels of perceived control in threat scenarios.

Results: The upright condition reported more positive emotions (higher self-esteem, higher levels of arousal and better mood) compared to participants in the slumped condition. Participants in the upright condition spoke more

and read more words compared to the slumped condition. The slumped condition reported more fear in social threat situations compared to the upright condition. Slumped participants used more negative emotion words, first-person singular pronouns, words reflecting affective processes and sadness, whilst the upright participants used more positive emotion words. The upright group had higher pulse pressure during the stress task but no significant differences were observed in heart rate.

Conclusion: Adopting an upright versus a slumped posture can improve emotional outcomes and alter blood pressure. These results may have implications for improving mental health. Future research could investigate whether a depressed individual could feel better by adopting a more upright posture

shweth_@hotmail.com

Developmental Psychology Symposium

Chair: Peter Coleman

3.00pm-4.00pm Case Room 3

3.00pm

Inclusive education in New Zealand: Policies, politics and contradictions

Judy Selvaraj, Educational Psychologist and EdD Candidate at The University of Auckland

This article argues that the progressive education policies introduced into New Zealand special education services during the late 1980s were sabotaged by neo liberal policies. The vision of inclusive education for students with special educational needs was swept up in a wave of successive ideological policies and practices between 1989 and 2013 that polarised and rationalised both the special education services to schools and those to students. Three time periods will be examined to show how the intended rhetoric and ideologically-driven benefits of the neo liberal policies removed, rather than maintained, the support that was needed for these policies to succeed. The 'neoliberal changes' (1990-1999) focus on policy developments for students with special educational needs which sought to provide them with the same educational opportunities and choices as all other students. The 'de-segregation period' (2000-2008) examines the implementation of those policy shifts within inclusive educational settings. The 'continued uncertainty' (2009-2013) looks at ways in which current policy and practice reflect changes in government and how policies have worked against cohesion and stability in fulfilling this commitment. This paper demonstrates how historical, economic and political factors interrupted the social and educational commitment to securing the rights of all students to be schooled with their age peers.

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3.30pm

Theories of motivation in education and

Programme & Abstracts, Saturday 7th

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the workplace

Luke Strongman, TOPNZ

The purpose of this paper is to outline the major theories of motivation and to relate them to the learning and workplace contexts. There are four major theories of motivation.

Attribution theory suggests that our actions are the result of making sense of our environment, the search for causes to perceptions, feelings and events creates a behavioural dynamic of socially constructed reality (Wilson, 2009, p. 272). In comparison, expectancy value theory suggests that the amount of motivation or effort for a task is dependent on the expectant value of success. The fact that individuals calibrate themselves or set goals based on interpretations of past achievements is the basis for self-efficacy theory. Goal orientations explain how we view success give orientation towards a particular activity (Wilson, 2009, p. 272).

Motivation has both intrinsic and extrinsic causations and is often predicated on a mixture of self-determined and environmental conditions. Reference: Wilson, J. I. (2009). A two factor model of performance approach goals in student motivation for starting medical school. *Issues in Educational Research*, 19(3), 271-281.

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Neuropsychology continued

3.00pm-4.00pm Case Room 4

3.00pm

Experiences of caregivers of children who sustained traumatic brain injury (TBI) in early childhood: Developing recommendations for 'better care'.

Dr Erana Cooper (Ngāpuhi, Ngāti Hine), *Clinical Psychologist, University of Auckland*
Dr Julie Wharewera-Mika (Ngāti Awa, Tūhoe, Te Whānau-a-Apanui), *Clinical Psychologist, Whirinaki Child and Adolescent Mental Health Service, Counties Manukau DHB.*

Traumatic brain injury (TBI) is a leading cause of mortality and acquired neurological impairment in children. Children who sustain TBI can have neurobehavioural deficits that can persist for several years. TBI can also result in significant and persistent caregiver burden including mental health issues, family stress, and unmet social and healthcare service needs. This qualitative study aimed to describe the experiences of caregivers of children who sustained TBI before the age of 2 years. Semi-structured interviews were conducted with 15 children and 21 caregivers. Caregivers were interviewed up to 14 years following initial injury, and Māori whānau made up approximately 50 percent of those interviewed. Thematic analysis generated themes in three key areas: Impact, Support, and Information. Findings will be discussed in light of clinical and research implications, particularly with regard to reducing the impact of early childhood TBI where possible, and increasing access to

support and helpful information for whānau/families.

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3.30pm

Can mobile assistive technology contribute to our work with individuals with impaired cognition?

Clare Ramsden, *Clinical Neuropsychologist, Brain Injury Rehabilitation Trust*

Background: Aids and supports have been used with individuals with impaired cognition for many years, and have a proven efficacy.

Aims: This presentation aims to discuss how individuals with impaired cognition can be supported to use assistive technology (AT) devices, with discussion of the benefits and potential pitfalls of using this new technology.

Main Contributions: Mobile AT devices can be used support a range of cognitive impairments. Individuals were able to engage with the mobile AT device even if previously unfamiliar, were typically more compliant with mobile AT programmes than other self-initiated programmes, and viewed mobile AT devices as 'normal' and desirable.

Conclusions: Consideration should be made of potential improvements in engagement, the impact on staff time and the support needs to continue AT programmes in the community. In addition, there is a need to develop a means of assessing both support needs and appropriate devices or apps.

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Expert Witnesses and the Courts Forensic Psychology - Symposium

4.30pm - 6.30pm OGGB 3

Chair: Prof Fred Seymour

4.30pm

Expert witnesses in the Criminal and Family Courts

Fred Seymour

Emily Henderson

School of Psychology, University of Auckland

Psychologists and other health professionals have an important place in the justice system as expert witnesses, yet many report reluctance to appear in either the criminal or Family courts. We interviewed 27 experienced experts in child abuse who appear in our courts, including psychologists, paediatricians, and DSAC doctors. Particularly challenging to experts was the adversarial nature of the court process, which decreased their ability to give their evidence as fully or clearly as they would otherwise have liked. Other concerns included lack of briefing, cross-examination, and frequent delays and re-scheduling of their appearances. Experts described strategies that they adopted

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to improve their ability to perform in court and reduce stress. Training in courtroom skills was the most desired self-help measure. Many called for greater cooperation between opposing experts. Collegial support networks and systems of peer review were also very important in coping with and learning from courtroom experiences.

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5.00pm

Expert evidence and juror's views about expert witnesses

Suzanne Blackwell

Fred Seymour

School of Psychology, University of Auckland

Jurors who had served on criminal trials associated with charges of sexual offences against children were asked about their views of expert evidence and in particular about the characteristics and behaviour of expert witnesses. Jurors valued expert testimony, perceiving it as an opportunity to hear from someone neutral in the context of the adversarial process. They regarded as more credible, experts with relevant professional experience, lack of bias, and clarity of evidence in that order. Also relevant appeared to be the confidence and eye contact of the expert witness with the jury, followed by the academic qualifications of the expert. Research surveys have indicated that some of these qualities are similar to those valued by professionals, including judges, in a variety of jurisdictions. These findings may have relevance to expert evidence in the Family Court, and in tribunals, as well as to criminal proceedings.

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5.30pm

A judicial view of expert witnesses in the Family Court

Judge John Adams, Auckland

Reports and witness presentation in court will be discussed from the perspective of a Judge who has nearly 20 years' experience in the Family Court. In particular, emphasis will be given to the qualities of reports and evidence that assist judges in making decisions. The impact of the forthcoming legislative change, that is likely to introduce a higher threshold for requesting reports, will also be discussed.

6.00pm

The psychologist as an expert witness

Suzanne Blackwell, Private Practice and School of Psychology, University of Auckland

In New Zealand, the Evidence Act 2006 defines an expert in s 4, "expert means a person who has specialised knowledge or skill based on training, study, or experience, expert evidence means the evidence of an expert based on the specialised knowledge or skill of that expert and includes evidence given in the form of an opinion." Any psychologist who provides a professional report that could be used in legal proceedings will be considered a potential expert witness. Psychologists' training does not necessarily prepare them for the rigours of giving expert evidence in courts or

tribunals. This paper discusses the obligations of an expert witness as embodied in the High Court Rules Code of Conduct for Expert Witnesses, and gives some pointers to assist survival in the adversarial and sometimes harrowing legal arena.

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Complex adoptive relationships: A symposium of post-graduate student research on the experiences of people whose lives are touched by adoption

4.30pm-6.30pm Case Room 2

Chair: Dr Rhoda Scherman

Adoption is a profound event with universal themes of abandonment, identity, and belonging. It is a social arrangement with far-reaching legal, psychological, and cultural implications set at the intersection of three sets of lives—the relinquishing parents, the adopting parents, and a child, around whose care the entire institution is built.

Despite our relatively small population, New Zealand once had one of the highest domestic adoption rates of the western world, when, in the late 1960s, more than 6% of the country's children were being placed for adoption. Since then, domestic adoption rates have been steadily declining, due to a combination of factors including: the global rise in infertility (believed responsible for the diminished supply of children, as well as the increased demand for children); contraception use; legalisation of abortions; relaxed social attitudes towards out-of-wedlock births; and lastly, the introduction of the Domestic Purposes Benefit in 1973, which allows unmarried mothers to keep and parent their children, rather than relinquish them for adoption as they once did.

New Zealand's long history of adoption practice means we are now a country with a large population of people (young and old) whose lives have been touched by adoption. And even though we are currently less likely to put our own (New Zealand-born) children up for adoption, people are showing an increasing interest in intercountry adoption—suggesting that we remain a nation committed to the practice of adoption as an alternative method of family formation. This symposium brings together the works of a group of post-graduate students from AUT, all of whom have undertaken research designed to explore the complexity of adoptive relationships.

1.

Adoptive fatherhood: The role of biological unrelatedness

Anisha Khambatta, AUT

The research on parenting is extensive, with a large portion of the literature focusing on the parents' roles in developing

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a healthy attachment to their children. Attachment literature suggests that the parent-child bonding relationship requires a mutual connection between the two groups, yet virtually all of the empirical research on this topic has relied on mother-child dyads to explore the parent-child relationship. This focus on the mother, and the related exclusion of the father, is even more evident in the adoption literature, where adoptive fathers are rarely the focus of the parenting research.

The current study is an exploratory look at fatherhood, comparing New Zealand adoptive fathers with biological (natural) fathers, in terms of the importance of having a biological kinship to ones child, and the resulting bonds with their children. To measure parent-to-child attachment, a questionnaire was created, derived from developmental psychology literature, and including elements of Hudson's Index of Parental Attitudes. Additional factors such as stress and coping in regard to adopting/having a baby were also investigated, using the Perceived Stress Scale and the Brief COPE.

Twenty adoptive and biological fathers were recruited from local parenting, family, fatherhood, and adoption organisations, by using the snowball sampling. Due to the small sample size, conservative non-parametric tests were utilised when analysing the data. Findings revealed that the adoptive and biological fathers were similar when looking at their demographic information. However, the scores indicated that the two father groups had significantly different views regarding their genetic relatedness/un-relatedness to their children; whereby biological fathers viewed genetic-relatedness to have a substantially higher influence on their feelings and interactions with their children. No differences were found between the two father groups when looking at stress and coping. Implications will be discussed.

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2.

Birth mothers and adoptive mothers in open adoption

*Dr Rhoda Scherman, Auckland University of Technology
Nelly Kalizinje*

New Zealand, in contrast to other Western countries, has been practicing unlegislated policy of open adoption as the primary means of adoption since the 1980s. Research on open adoption has been slowly emerging since then; however, relatively little research has been done on the birth and adoptive mothers in open adoption. This is especially true for New Zealand context. Further, previous open adoption research has focused on the psychosocial outcomes for children. Very little is known about the actual experiences of being a birth or adoptive mother in an open adoption

The current qualitative study, guided methodologically by Interpretive Phenomenological Analysis (IPA), sought to investigate the lived experience of New Zealand birth and adoptive mothers in open adoption. Six themes were

revealed for the adoptive mother: (1) Adoption as a last choice, (2) Relief at being chosen, (3) Waiting, (4) I'm not ready, (5) Entitlement, and (6) Advocacy. For the birthmother, three themes were revealed: (1) Experiencing the openness of open adoption, (2) Being the birthmother, not the mother, and (3) Having a continual presence of the child. For both types of mothers, one common theme was found: Extended family.

Overall, the study revealed that there is more to the experience of being birth or adoptive mothers than is usually portrayed in outcome studies. It has further revealed that the two sets of mothers have different perspectives and experiences, even as they are attempting to engage with one another in the unified context of their open adoption. The significance of the research, as it contributes to our understandings of open adoption, along with the implications for practice, policy and future research, will be considered.

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3.

The affect of adoption on a couple's intimate relationship

*Dr Rhoda Scherman, Auckland University of Technology
Rochelle Mullenberg*

Although adoption research literature is fairly extensive, the majority of research tends to focus on the parent/child relationship, or how the child copes with the adoption. Very little research has considered the relationship between the adoptive parents, despite a large body of literature about how new babies negatively impact a couple's intimate relationship. As there are a number of unique stressors associated with adoption, it could be expected that adoptive couples might also see a decline in marital quality as they adapt to adoptive parenthood. In-depth interviews were conducted with two married couples, exploring how adoption has affected the intimate relationship between the husband and wife. The focus of the interviews was the issues that adoptive parents face in the first year after adopting their children, in an attempt to gain an increased understanding of how these issues affect their marital relationship.

Using thematic analysis to analyse data, three themes emerged: (1) women drive the process, (2) child cements the parent relationship, and (3) the waiting. The results of the study indicated that both couples adapted to adoptive parenthood differently. Couple A indicated their marriage was strengthened as a result. Couple B indicated that their relationship has deteriorated since adoption. Findings from the current study suggest a possible need to develop support systems for adoptive parents, to assist them in their adjustment to parenthood, similar to those for biological parents.

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4.

Teen adoptee experiences: An online

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qualitative study

Hanhee Lee

This qualitative descriptive study investigated the perspectives of adolescent inter-country adoptees. Three adolescents, aged between 16 and 18 years, all of whom were adopted from Russia to New Zealand, participated in this research. They discussed their experiences and opinions about inter-country adoption in synchronous (real-time) online group discussions over eight sessions using Blackboard's Elluminate online chat space. The discussion topics included early institutional life; transition to New Zealand; ethnic identity; attitudes toward adoption; disclosure of adoptive status; feeling different from others; school life; birth family and adoptive family. Content analysis was carried out and four themes were identified. The inter-country adoptees said that (1) they need love and a sense of security, (2) they have a desire to fully integrate into their adoptive country, (3) they want to have positive relationships with their adoptive parents and peers, and (4) their origins are also an important aspect of their lives. In light of these findings, implications, limitations and future research are discussed.

It is felt that this research has contributed to the inter-country adoption literature by taking a holistic approach to documenting inter-country adoptees' experiences as well as bringing attention to under-researched adoption topics. However, more research is needed in order to gain a deeper understanding.

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5.

Gay/Lesbian adoption parenting: A critical review of literature

Vanessa McAlonan

Adoption has long been a part of many societies. Through the decades, as qualms about people with different sexualities have lessened, questions about whether adoption by gay or lesbian (G/L) couples is acceptable have increasingly been raised. Under current law in New Zealand, a lesbian or gay person can singly adopt a child, provided they meet the standard criteria to be an adoptive parent. However, while one member of a G/L couple may adopt, there are no allowances for them to jointly adopt a child, as there are for married heterosexual couples. Even gay and lesbian couples who have a civil union, are unable to jointly adopt a child. Currently, full joint adoption by same-sex couples is legal in numerous countries such as the United Kingdom, South Africa, Sweden and Canada, along with several American states. The international trend seems to be leaning increasingly towards gay equality in all aspects. This trend also appears to be spreading to New Zealand, as seen in recent political activity where debates around both gay adoption and gay marriage have arisen. Both topics have been submitted as Bills to parliament.

The Care of Children Law Reform Bill calls for a reform of the 1955 Adoption Act to enable gay couples to adopt jointly, as has long been a right held by heterosexual couples.

The Marriage (Definition of Marriage) Amendment Bill argues for same-sex couples to have the right to marry. If this bill is passed, adoption by married same-sex couples would, by default, become legal. However, same-sex unmarried couples would still be unable to legally adopt jointly. For that to occur, the Care of Children Law Reform Bill must also pass. Both the Marriage Amendment Bill and the Care of Children Bill are currently being read before New Zealand parliament. The timeliness of this political debate arising enhances the need to dispel and rectify commonly held myths about the inadequacy of same-sex parenting. In this presentation, commonly held myths about G/L parenting, which are often used as arguments against the legalisation of G/L adoptive parenting, will be considered, along with a critical review of relevant empirical literature that focuses on child outcomes in G/L adoption and parenting.

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Forensic Psychology

4.30pm-6.30pm Case Room 3

Chair:

4.30pm

Incorporating change information into sexual offender risk assessments using the Violence Risk Scale-Sexual Offender version (VRS-SO)

Dr Sarah Beggs Christofferson, Department of Corrections Psychological Services

Mark E. Olver, University of Saskatchewan

Sarah M. Beggs Christofferson, Department of Corrections Psychological Services

Randolph C. Grace, University of Canterbury

Stephen C. P. Wong, University of Saskatchewan

We examined the use of risk-change information in sexual offender risk assessments featuring the Violence Risk Scale-Sexual Offender version, a sex offender risk assessment and treatment planning tool. Pre and posttreatment VRS-SO ratings were amalgamated from two samples of treated sex offenders from Canada and New Zealand. The combined sample of 539 were followed up for an average of 15.5 years post-release. Change scores were significantly associated with decreases in sexual and violent recidivism with, and without, controlling for indicators of pretreatment risk and individual differences in follow-up time. Applications of logistic regression using fixed 5-year follow-ups generated estimated rates of sexual and violent recidivism at different VRS-SO score thresholds. The use of logistic regression demonstrates a clinically useful and systematic means of combining risk and change information into posttreatment risk appraisals. Implications for the use of change information in the assessment and management of sexual offender risk are discussed.

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5.00pm

Programme & Abstracts, Saturday 7th

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Fitness to stand trial evaluations: A practical guide for psychologists

Dr Richard N Kocsis, Private Practitioner

Popular conceptions amongst lay people and many legal professionals is of forensic mental health evaluations predominantly involving insanity pleas or sentencing recommendations, however the preliminary issue of fitness to stand trial is often overlooked particularly with respect to assessments made by psychologists in this area. This presentation will examine five key issues pertinent to fitness evaluations in criminal proceedings before the courts. Issues canvassed include "Evaluation of impairment not mental disorders", "Following the legal standards", "Assessment from the correct threshold", "Deficits in reasoning by the assessor" and "Malingering: The elephant in the room". An understanding of these issues will assist in maximising the evaluations conducted by psychologists, the reports produced and ultimately their defence, if necessary, during cross-examination in court proceedings.

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5.30pm

Implementation of drug court programmes and possibilities in New Zealand

Dr. Gen Numaguchi, Clinical Psychologist, Southern DHB

Drug court programmes and other problem-solving courts have been in existence for over 20 years and have shown strong evidence for their effectiveness. Rather than using costly incarcerations or treatment-as-usual, these types of programmes have provided opportunities for law enforcements, court systems, treatment providers, community members, and clients themselves alternative methods of recovery from various problems including substance abuse, drunk driving, family violence, and mental health. The need for drug courts in New Zealand is explained in a brief summary along with various aspects of running the programmes including roles of the court, substance abuse treatment providers, law enforcement, attorneys, mental health workers, and psychologists.

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6.00pm

The criminal profiling reality: Assessing accuracy in psychological profiles

Dr Richard N Kocsis, Private Practitioner

Despite developments in both the research and investigative use of criminal profiling over the past four decades, evaluation of its accuracy is often misunderstood. This presentation reviews a series of original empirically based studies that test profiling accuracy via quasi-experimental simulations of criminal profiling with real crimes. Thereafter, a number of recent omnibus evaluations concerning profiling accuracy are also examined. Outcomes from various studies provide long-overdue evidence demonstrating accuracy in profile predictions. Whilst these findings provide support for the validity of criminal

profiling they do not support the often promulgated notion that prior experience in criminal investigations is an integral skill for profiling. Rather, research suggests that proficiency in profiling is most closely aligned to a capacity for logical and objective reasoning.

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General Psychology

4.30pm-6.30pm Case Room 4

Chair:

4.30pm

Dysfunctional cognitive processing in youth and its association with symptoms of anxiety and depression

Tatiana Tairi, Lecturer in Professional Psychology, Massey University

Cognitive models of psychopathology suggest that negatively biased thinking styles are involved in the development and maintenance of emotional disturbances. This study examined the relationships between cognitive errors and self-reported symptoms of anxiety and depression in a large sample of Greek adolescents, aged 12 to 18 years (N = 883). The Children's Negative Cognitive Error Questionnaire was used to measure four types of cognitive errors. The State-Trait Anxiety Inventory assessed anxiety and the Center for Epidemiologic Studies Depression Scale assessed depression. As hypothesised, results indicated that cognitive distortions were significantly associated with and predictive of greater levels of symptoms of anxiety and depression. This study provides empirical data on the role of dysfunctional cognitive processing and emotional disturbance, thereby identifying primary targets for intervention and prevention programmes for adolescents.

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5.00pm

PeArLS: Beyond Supervision 2000: Challenges and opportunities for Supervision to Registration and PGDip Programmes

Dr. Barbara Kennedy, Senior Clinician, Co-ordinator PGDipPP, Massey University

The main purpose of this session is to invite brief contributions from, and facilitate discussion among programme representatives with a view to determining if there is sufficient common ground, interest and energy to exercise our complementarity for our collective benefit. Although a small country, New Zealand still needs to train psychologists to cover the same diversity of service needs as exists in countries with much larger populations. Without the 'critical mass' to make greater numbers and diversity of training programmes economically viable, significant challenges face the programmes that currently serve the Psychologist, Educational and Counselling Scopes, and

Programme & Abstracts, Saturday 7th

indeed, particular vocational sectors. From a systems perspective, policy and funding shifts, for example, affect programme inputs (e.g. preparation and recruitment of suitable candidates), internal processes (e.g. content selection) and outputs (e.g. graduates gaining appropriate recognition/employment upon graduation). Currently, beyond incidental personal connections, these programmes have no forum in which to share expertise, and no cohesive voice with which to respond proactively to wider systemic issues. To provide a stimulus for discussion, this session will provide a very brief overview of key systemic and logistical challenges facing programmes preparing psychologists for registration under Psychologist, Educational and Counselling Scopes.

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5.30pm-6.30pm

Careers Forum

Chair:

This forum will provide an opportunity for newcomers to the profession and those looking to make a change to hear about the variety of career options that exist for psychologists. A panel of psychologists will talk about the work they do and answer any questions you have about a career in clinical psychology, health psychology, counselling psychology, educational psychology, industrial/organisational psychology, community psychology and psychology in the justice system.

Fiona Ayers - IEDP
Rajan Gupta - ICJFP
Bronwyn Rutherford - ICJFP
Rose Black - IComPA
Iris Fontanilla - IHP, DHB
Bill Farrell- ICounsPsy
Kerry Gibson - clinical psychologist

WIN BOOKS BY RICHARD KOCSIS

Will you be attending any of Richard Kocsis's sessions on Saturday at 5.00pm, 6.00pm and/or his mini-workshop on Sunday at 3.30pm? You are eligible to go into the draw for one of his three books.

Don't forget to take a ticket on your way out after the session.

**1. Criminal Profiling
Principles and Practice
Kocsis, Richard N. 2006**

**2. Criminal Profiling
International Theory, Research, and Practice
Kocsis, Richard N. (Ed.) 2007**

**3. Serial Murder and the Psychology of Violent
Crimes
Kocsis, Richard N. (Ed.) 2008**

The winners will be drawn on Monday lunchtime and the result published by the registration desk. Winners will be notified.

PSYCHOLOGICAL SERVICES



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We look forward to hearing from you.



Programme & Abstracts, Sunday 8th

SUNDAY



Please support your Institute by coming to their AGM. All Institutes' AGMs are scheduled for Sunday 8th from 9.30am - 10.00am

Institute of Educational and Developmental Psychology AGM in Case Room 2

Institute of Community Psychology Aotearoa AGM in OGGB 5

Institute of Clinical Psychology AGM in OGGB 3

Institute of Criminal Justice and Forensic Psychology AGM in Room 098

I/O Division AGM in OGGB 4

Institute of Counselling Psychology AGM Case Room 1

Institute of Health Psychology AGM in Case Room 3



NZPsS members please join us for the Society's AGM on Sunday 8th from 5.00pm to 6.00pm in Case Room 1.



8.00am - 5.00pm	Registration
8.30am - 5.00pm	Exhibition
8.30am	Keynote Speaker
9.30pm	Institutes' AGM
10.00am	Morning Tea
10.30am	Symposia
12.30pm	Lunch
1.30pm	Keynote speaker
2.30pm	Afternoon Tea
3.00pm	Symposia
5.00pm	NZPsS AGM
7.30pm	Conference dinner

Morning 10.30am- 12.30pm

Bicultural Symposium

10.30am - 12.30pm Case Room 1

Chair: Moana Waitoki & Erana Cooper

10.30am

Ka tu te whare, ka ora: the constructed and constructive identities of the Māori adoptee

Annabel Ahuriri-Driscoll, Lecturer in Māori Health and Wellbeing; PhD student in Health Sciences University of Canterbury

Identity is both a staple of contemporary vernacular, and a central focus of theorising and research, a 'blurred but indispensable concept'. Its varied use reflects and generates a diversity of meanings, however there are concerns about the distance between academic theorising and 'lay' conceptualisations of identity. This presentation will outline current PhD research which is exploring Māori adoptee identities as they are constructed 'in between', from experience, and as resources. Drawing on literature and preliminary interview data, the meanings and interpretations Māori adoptees ascribe to their adoption experiences, and what these in turn tell us about 'identity', will be shared. This presentation is relevant to researchers and practitioners interested in bicultural and postcolonial psychology.

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11.00am

Understanding Mate Māori in the 21st century

Programme & Abstracts, Sunday 8th

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Dr Melissa Taitimu, Clinical Psychologist, Te Rarawa

According to oral tradition and limited written accounts, te mate Māori was a term developed post colonisation to understand individual and collective responses to intrapersonal, social, environmental and spiritual imbalance. However this term was manipulated by the medical profession to demarcate the space between what could be measured/observed/removed and what could not when working within Māori health. As a result te Matauranga te mate Māori (depths of knowledge pertaining to mate Māori) has been diminished by a reductionist / scientific lens within our wider society. This presentation will draw from wisdom shared with the presenter within her PhD research project, from conversations in her whanau/community and recent findings from research that has asked our elders, what does te mate Māori mean in the 21st century. Implications for clinical practice will also be explored.

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11.30am

Māori women's experiences in mental health services

Gemma Tricklebank, Intern Clinical Psychologist, University of Auckland

The statistics for Māori women in mental health, although improving, still highlight imbalances in engagement and outcomes. However, research with service users detailing their experiences is only just beginning to emerge. This research paper is being completed as a part of a Doctor of Clinical Psychology degree and as yet is unfinished; however, preliminary findings will be presented. Qualitative interviews were conducted with 15 adult Māori women, asking a series of open-ended questions about their experiences of engaging as a mental health service user in New Zealand in the past 3 years. Thematic analysis identified four broad areas of themes, focused around engagement or non-engagement in services, positive experiences within services, negative experiences within services, and recommendations made by participants that could improve future experiences for Māori women. This paper will appeal to those working with Māori in mental health, and those interested in bicultural issues in the health sector.

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12.00pm

Māori women's experience of bipolar affective disorder: Pathways to recover

Parewahaika Harris

Dr Waikaremoana Waitoki

Associate Professor Linda Nikora

Māori and Psychology Research Unit, University of Waikato

This research privileges the unique, lived experiences of Māori women diagnosed with Bipolar Affective Disorder who are currently living 'well'. Research currently indicates that Māori present at higher rates than non-Māori with

Bipolar Disorder (BD). The purpose of this research-in-progress is to highlight Māori women's experiences of BD from initial presentation and assessment through to diagnosis, treatment and recovery. The research focuses on the impact of bipolar disorder on the relationships women have with their children, whānau, and partners while also exploring help-seeking patterns, and recovery stories. A narrative-storying technique was used to identify key themes that had a positive or negative influence on the participants' wellbeing. Tentative findings show that some Māori women experience disconnection with their partners, family and children, while others show high levels of resilience. In this presentation, I will describe the experiences of Hinerangi and Niwareka (pseudonyms) with a view to understanding pathways to recovery for Māori with Bipolar Disorder who access mainstream and kaupapa Māori mental health services.

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Through their eyes: Children and young people talk about psychological distress and help seeking - Symposium

10.30am - 12.30pm Case Room 2

Chair: Kerry Gibson

The voices of children and young people are seldom heard directly in psychological research. This symposium hopes to address this lack through 4 papers which explore how children and young people experience a variety of psychological challenges and how they perceive the services aimed at helping them.

10.30am

Young people are 'heroic clients' too

Kerry Gibson, School of Psychology, University of Auckland

Adults have been described as 'heroic clients' who know what they need from therapy and actively work to ensure their needs are met. This paper explores how young people also see themselves as active participants in the therapy process. Based on the narratives of 22 young people aged 16-18 who had experienced therapy, this research highlights how young participants construct their own agency across a number of dimensions: claiming control over their decision to begin therapy; evaluating their therapists; selecting and rejecting of aspects of the therapy in accordance with their needs and seeing themselves as being primarily responsible for positive change. But the analysis also suggests that young clients may be aware of their relative lack of power in a situation often dominated by adult agendas. Participants saw themselves as seldom being able to openly assert their wishes, choosing instead to claim their agency covertly and sometimes subversively.

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11.00am

Constructing identity - Young people's experiences of psychotherapy

Kelly Thomas, School of Psychology, University of Auckland

The research aimed to address the absence of research on client experience within the psychotherapy evaluation literature by exploring the experience of psychotherapy for young people aged 13-18 and its impacts on identity construction. The research aimed to provide meaningful insights on clinical practice and implications for how clinicians interact and undertake therapeutic work, and to ensure the provision of more relevant/effective services. Narrative interviews were conducted with young people in which they were asked to "tell a story" of their experiences of services. The interviews were analysed using narrative analysis and involved exploring how experiences of psychotherapy were recounted by young people. Patterns of meaning making were identified in individual narratives and then collated into an overarching analysis that describes the different narrative patterns present in the data. Young people described changes to their identity, moving from a sense of being 'different' and unacceptable, to being able to provide a more positive and coherent sense of themselves. The young people also focused on the relational and emotional aspects of therapy rather than specific interventions or techniques used by clinicians. Young people highlighted the importance of having a space to talk and of feeling understood and genuinely cared about. Given that adolescence is a particularly pertinent time for identity development the impacts of psychotherapy may be particularly important in terms of young people's understanding of themselves. The identity work young people are engaged in also has implications for how they 'use' and make sense of psychotherapy.

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11.30am

What's happening to child refugees? An exploration of the resettlement experiences of child refugees into New Zealand society

Caroline Judson, School of Psychology, University of Auckland

Although resettlement can offer security and stability, it also holds an array of additional stressors for both refugee children and their families. Members of 14 refugee families were interviewed with the aim to better understand their experiences of resettlement. Children and their parents were first interviewed when at the Refugee Centre, then 3 months and six months later. Thematic analysis of transcribed interviews was completed. Themes in children's accounts are presented, with an emphasis on changes that took place over time. This revealed that children have to navigate an unfamiliar environment in an unfamiliar language, in an environment where their parents are also learning the new

country's processes and customs. Simultaneously, children experience grief over the loss of their only known homeland, and conflicting emotions stemming from complex past experiences including safety concerns and persecution. Negative encounters such as racism and bullying in the new country can further exacerbate feelings of isolation and dejection. In addition, family processes can become disrupted during resettlement adding to children's feelings of confusion. The study has implications for how to better target social support and interventions.

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12.00pm

Refugee Adolescents: Stressors, coping strategies and experience of mental health services

Chaykham Choummanivong, Psychology Department, University of Auckland

The increase number in refugees brings challenges to mental health service providers in terms of mental health provision. This study aims to address the limited information available to New Zealand about refugee adolescent stressors, their coping, including their experience of mental health services. Altogether, 53 young persons from refugee backgrounds were recruited to share stressors experienced throughout the pre-migration, transit and post-migration stages; their coping strategies, including experiences of mental health services in New Zealand in focus group discussions and structured interviews. Analysis indicates refugee adolescents experience a wide range of stressors, particularly in the post-migration stage. Common challenges include dealing with loss and worry about family left behind; struggles to make friends; money worries, and difficulties with learning a new language, school and adjusting to the new culture. Adolescents highlighted that coping is private and that they have a range of coping mechanisms they use to cope with stressors.

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Guest Speaker: Nicola Gavey

Intimate intrusions of the neoliberal deceit

Chair: Iris Fontanilla

10.30am-11.30am OGGB 4

Abstract see page 12

General Psychology

Chair: Iris Fontanilla

12.00pm-12.30pm OGGB 4

12.00pm

Why do women endorse sexism: The influence of parental benevolent and hostile sexist attitudes?

Momina Ashraf, PhD student in Social Psychology, University of Auckland

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*Professor John Duckitt, University of Auckland
Dr. Nickola Overall, University of Auckland*
The Ambivalent Sexism Theory (Glick & Fiske, 1996; 2000) proposes that Benevolent Sexism, a subjectively positive ideology that views women as wonderful but weak and in need of protection, plays an important role in legitimizing Hostile Sexism and maintaining gender in-equality. Women may endorse Benevolent and Hostile Sexism simply because they are prevalent in society (Sibley et al., 2007; 2009). However, women may also endorse Benevolent Sexism as a means of protection in reaction to Hostile Sexism (Fischer, 2006). This study investigated the role of parents' Benevolent and Hostile Sexism in predicting daughters' sexist attitudes. 139 female university students and their parents completed the Ambivalent Sexism Inventory (Glick & Fiske, 1996). The results indicated that daughters' may learn to endorse sexist attitudes just as any other attitude from their mothers through modelling but they may also endorse Benevolent Sexism as a means of protection in response to fathers' Hostile Sexism.

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12.00pm

Theorizing young women's subjective desire within a primary women's health setting

Dr Prue Fisher, Auckland District Health Board

As a clinical psychologist I work with young women who desire to be, and have specific understandings of what it is to be a 'proper' girlfriend. This desire and understandings has them participating in treatment processes that exacerbate or initiate sexual and genital pain. To work effectively within this context requires examination of psychological theories that ignore the corporeal body in the co-constitution of female desire within and outside of sexuality. I illustrate through clinical practice how silencing the corporeal, has in the past, restrained young women identify resistant desires that promote pleasure and wellbeing. I utilise both feminist post-structural and 'critical realist' theories to illustrate pathways to resistance. My critical health position assumes that young women, while being both active and acted upon do have the potential for resistance. I also examine how young women can resist being positioned as 'object other' within heterosexual and medical contexts through utilizing humour and ideas of an active subject.

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Neuropsychology

Chair: Janet Leathem

10.30am-12.30pm Case Room 3

10.30am

Life after acquired brain injury: Can mindfulness-based strategies help?

Clare Ramsden, Clinical Neuropsychologist, Brain Injury Rehabilitation Trust

Background: Although many individuals with an acquired brain injury (ABI) might benefit from psychotherapy, therapies such as CBT can be difficult for such individuals to fully engage in.

Aims: To discuss the potential benefits of MBCT in brain injured populations, including adapting the standard MBCT model to consider an individual's cognitive strengths and weaknesses.

Main Contributions: A modified version of MBCT can be beneficial when working with both individuals and groups with acquired brain injuries, as demonstrated by case study discussion. The modifications need to consider cognitive impairments commonly seen in brain injury populations, including memory impairment, executive dysfunction and reduced attention spans.

Conclusions: A modified version of MBCT may be appropriate for individuals with mild to severe brain injuries, either in rehabilitation or community-based settings, although further evidence is required to demonstrate efficacy in this population.

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11.00am

Traumatic Brain Injury (TBI) in childhood: Injury characteristics and developmental outcomes in a population-based study

Jones, K. M., Senior Research Officer, AUT University, NZ

Theadom, A., AUT University, NZ

Barker-Collo, S., University of Auckland, NZ

Starkey, N. J., University of Waikato, NZ

Jones, A. R., AUT University, NZ

Ameratunga, S., AUT University, NZ

Parag, V., University of Auckland, NZ

Feigin, V., AUT University, NZ

On behalf of the BIONIC Research Group

Traumatic Brain Injury (TBI) is a common cause of death and long-term disability during childhood. This paper describes injury characteristics (N=441) and post-injury development of a NZ population-based cohort of children (0-15.11 years) from the Brain Injury Outcomes New Zealand in the Community (BIONIC) study (March 2010 – February 2011). Of these children, 97% sustained a mild TBI, with males (64%) and urban residents (73%) at increased risk. 41% of TBIs occurred at a private residence, while 63% of injuries occurred during leisure/play activities. Falls (56%) and recreational injuries (22%) were most frequent. 273 (62%) children agreed to developmental follow-up assessing cognitive function, (Woodcock-Johnson), quality of life (Peds-QL), and adaptive behaviour (BASC-2) at baseline, 1, 6 and 12-months post-TBI. Results are examined in relation to age, ethnicity, and developmental outcomes. Findings are relevant to clinicians, rehabilitation specialists, and researchers involved in the development of effective evidence-based preventative strategies and intervention planning.

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11.30am

Comparison of a virtual-reality test of executive function with standard executive function tests and their ecological validity

*Ellie Perniskie, University of Canterbury
Nic Ward, University of Canterbury, Insight@LFT Clinic*

*John Dalrymple-Alford, University of Canterbury,
New Zealand Brain Research Institute
Joyce Alberts, CDHB*

*Ashok Jansari, The University of East London
Nina McLoughlin, Insight@LFT Clinic, CDHB*

Despite the availability of numerous standardized tests of executive functions (EF) many EF tests have low ecological validity, as they do not resemble the real-life situations that typically require the use of those cognitive functions. This lack of ecological validity is problematic in that it limits the ability of these tests to predict real-life functioning. This issue has led to the development of several EF tests designed to improve ecological validity. One such test is the Jansari assessment of Executive Functions (JEF; Jansari et al., 2004), which utilizes virtual reality technology. This presentation will give an account of the trials and tribulations involved in setting up a validation study of the JEF, which is currently in the data collection phase. Participants include both brain-injured and non brain-injured subjects aged between 18 and 65. This presentation will appeal to people with a special interest in Neuropsychological Testing.

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12.00pm

Adjusting for the cognitive effects of normal aging in the work place

Janet Leatham, Professor, Massey University

Currently 14% of people in NZ are aged 65 years or older, with that figure projected to increase to almost one million people – 25% of population - by 2026. One fifth of these people are currently in employment and this is projected to increase to 35% by 2020. By 2036, people 65+ will represent 9-15% of labour force or 240,000-500,000 of the population (Statistics NZ 2012). The largest growth will in the next 20 years.

There are a number of cognitive changes associated with increasing age. This will mean that people over 65 years may be working with attention, learning, memory and information speed that is slower or lower than in their earlier years. That is, they may be wiser but slower.

The implications for this for the work force and strategies for compensating for the changes will be illustrated through case studies.

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Forensic Psychology

Chair: ?

10.30am-12.30pm OGGB 5

10.30am-12.30pm

Mini-workshop: Making a better life happen: integrating the good lives model into offender rehabilitation programmes

Gwenda M. Willis, Senior Lecturer, The University of Auckland.

The Good Lives Model (GLM) is a strengths-based theory of offender rehabilitation that was designed to augment the risk, need, and responsivity principles of effective correctional interventions. In addition to a focus on reducing and/or managing risk, the GLM focuses on developing individuals' capacity to attain valued goals and to achieve psychological well-being. The GLM has become a popular approach especially in sex offender treatment; however, substantial variation has been observed in terms of how the model has been applied in practice. This workshop focuses on integrating the GLM into programme structure and content, and is suitable for practitioners working in prison and community settings who wish to integrate the GLM into their programmes. Preliminary research suggests that, integrated appropriately, the GLM offers potential for improving outcomes of programmes that follow a cognitive-behavioral (CBT) approach and that operate according to the Risk, Need, and Responsivity (RNR) principles. For example, research suggests that the GLM's focus on engaging clients in the treatment process enhances treatment engagement, an important element of programme effectiveness. However, misguided or otherwise poor application of the GLM in practice could increase the very risk programmes are designed to prevent and manage. This workshop provides practitioners with information and concrete strategies for translating and integrating the GLM into practice, and illustrates key assessment and treatment components using a case example.

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Clinical Psychology

Chair: Gen Numaguchi

10.30am-12.30pm OGGB 3

10.30am

Comparing predictors of health anxiety across young and older adults in New Zealand

Dr Ann Boston, Clinical Psychologist, Waitemata DHB

Health anxiety is a common experience ranging from adaptive concerns to debilitating worry about health and illness. Understanding of older adults' health anxiety is limited. The present study compared predictors of health

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anxiety across two non-clinical age cohorts. 177 adults under 30 and 221 adults over 65 completed an anonymous self-report questionnaire measuring physical health, current depression and anxiety, body vigilance, anxiety sensitivity and health anxiety. Predictors for both groups were pain, body vigilance and anxiety sensitivity. For the older cohort, inter-relationships between anxiety sensitivity, body vigilance and health anxiety differed from expectations and warrant further study. Recent worry was a significant predictor for the older group. Physical illness was a predictor for the younger group. Despite greater physical health problems, older adults reported lower health anxiety scores than younger adults. These findings highlighted important cohort differences in variables predicting health anxiety and have implications for clinical practice.

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11.00am

The role of rejection sensitivity and excessive reassurance seeking in mediating the effects of attachment insecurity

*Ross B. Wilkinson, Senior Lecturer in Clinical Psychology, Australian National University
Claire Ding Rui Zhen, Australian National University
Jay Brinker, Australian National University*

Background: Rejection sensitivity (RS) and excessive reassurance seeking (ERS) are examples of maladaptive interpersonal expectancies that can be personally and socially problematic. The secondary attachment strategies of hyperactivation and deactivation are proposed as underlying mechanisms for both RS and ERS.

Aims: To evaluate a structural model with RS and ERS mediating the links between attachment insecurity, depression and social anxiety.

Methods: Data from an online survey of 422 university students was evaluated using structural equation modelling. Results: Support was found for a model in which RS partially mediated the attachment and psychological health relationship. ERS was not found to be related to outcomes and moderator models were not supported.

Conclusions: The findings for RS but not ERS are consistent with the proposed model.

Implications for further experimental work in evaluating the proposed causal relationships between the constructs are discussed and implications for clinical interventions suggested.

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11.30am

Treatment and prevention of adjustment disorders caused by chronic stressors triggered due to conflicts in human values system

Himanshu Rai, Clinical Psychologist, American Psychology Association

Values are the standards which people use in their life to assess options, make choices, take actions, rate people and

evaluate events. All of these have psychological, practical and social consequences, which are not always compatible with the desired outcomes. The undesired outcomes create stresses that act as a trigger for Adjustment Disorder. The conflicts and incongruity among hierarchically organized values sometimes elicit maladaptive psychological responses. The Adjustment Disorder is one such response where the stressor(s) is identifiable. In cases where the stressor(s) and the resulting symptoms persist for more than six months they result into either enduring consequences or other more severe mental disorders. Poor coping skills make individuals vulnerable and cognitive therapy is a treatment, which successfully helps the patient by identifying and changing dysfunctional thinking, behavior, and emotional responses to the stressor(s). The analysis of the interactions among background variables such as values system conflicts help in the evolution of the treatment and prevention methods for the vulnerable as well as affected population based on the principles of psychotherapy. Vulnerable population could consist of individuals suffering from chronic stressor (s) triggered due to relocation (immigrants), role incongruity, work place conflicts, mid life crisis etc.

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12.00pm

Wraparound New Zealand - An initiative for youth with serious mental health disorders: Evaluation of the fidelity and short term outcomes

Jacinda Shailer, DClinPsych Student, Massey University

*Ruth Gammon, PhD, MSW, Massey University
Ian de Terte, PhD, PGDipClinPsych, Massey University*

Youth with serious mental health disorders present with a complexity of challenges for the mental health system, as well as schools, youth justice, care and protection and their communities. Research consistently shows the best outcomes for these youth is to provide them with coordinated intensive and multidisciplinary services which are individualised to meet their needs. Such a comprehensive program within their family and home community can be challenging, however Wraparound, an intensive individualised coordination and care planning process, originating from the USA has been introduced on a limited basis in one DHB in NZ. This process has been deemed a promising practice for youth with multiple, complex and expansive needs. Program fidelity is essential to the success of program outcomes and research. This presentation will present the Wraparound model being used in New Zealand, and preliminary outcomes of its fidelity as measured by the National Wraparound Fidelity tool, as well as initial client outcomes.

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Afternoon 2.30pm - 5.00pm

Bicultural Symposium continued

3.00pm - 5.00pm Case Room 1

3.00pm

Strategies to reduce the use of seclusion and restraint with tāngata whai i te ora (Māori mental health consumers) in adult inpatient services in Aotearoa

Dr Julie Wharewera-Mika (Ngāti Awa, Tūhoe, Te Whānau-a-Apanui), Clinical Psychologist, Whirinaki Child and Adolescent Mental Health Service, Counties Manukau DHB

Dr Erana Cooper (Ngāpuhi, Ngāti Hine), Clinical Psychologist, University of Auckland

This scoping study sought to gather Māori clinical, cultural and consumer perspectives on potential strategies and initiatives that could facilitate reduction in the use of seclusion and restraint with tāngata whai i te ora in acute mental health inpatient services. Based on a comprehensive literature review and qualitative analyses from a hui with 16 participants, the strategies and initiatives that were identified represent a comprehensive approach to the reduction of the use of restraint and seclusion that is clearly based on a Kaupapa Māori 'model' of care and a vision for transformation of practice in mental health inpatient services. Improving access to a Māori worldview in all aspects of mental health care, transformation of existing practices, and creating greater opportunities for rangatiratanga (Māori leadership and control) were key factors strongly indicated as likely to be necessary for reducing, and ultimately eliminating, the use of seclusion and restraint with tāngata whai i te ora.

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3.30pm

Challenges to the use of hospice services: a cultural perspective

Rosemary Frey, Research Fellow in Palliative Care, University of Auckland

Background: Ministry of Health information provided through a GAP analysis identified hospices as facing access-to-care pressures for Māori, Pacific and Asian patients.

Aim: This project sought to identify challenges to hospice service access for Māori, Pacific and Asian patients.

Method: 52 qualitative interviews were completed with 37 cancer patients (Māori, Pacific, Asian), whānau/family, bereaved whānau/family, 15 health professionals (e.g. referring GP's, allied health professionals) within one district health board.

Results: Challenges to service utilisation included: lack of information based on language barriers, a mistrust of the health system and cultural differences between the communities served and the suppliers of health services.

Conclusion: The absence of shared cultural scripts can create

challenges to hospice service access. The findings highlight the importance of patient and family cultural and psychosocial support as well as increased knowledge of hospice to utilisation of services. This information can be used for future planning to enable hospice to both provide high quality evidence based palliative care services for patients and families and provide consultative services to primary health care providers in the community.

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4.00pm

Karahipi Tumuaki – The President's Scholarship Recipient 2011

Exploring client change in Waikeria Prison's Māori Focus Unit (MFU): Te Ao Marama

*Tess Chalmers, Massey University
Dr Mei Wah Williams, Massey University
Jhanitra Gavala, Massey University*

The Ministry of Justice (2009) continually reports over-representation of Māori within New Zealand incarcerated population. Attempts to address this concern lead to the development of the Māori Focus Unit (MFU). Limited studies exploring the relationship between MFU participation and offender change, prompted the Department of Corrections (2009) to call for research conduction. The current study, based at Waikeria Prison's MFU- Te Ao Marama, attempted to identify the relationship between MFU participation and Māori identity through qualitative enquiry, then explored whether changes in Māori identity related to changes in well-being and pro-social behaviour, and changes in anti-social cognitions and anti-social behaviour predictive of recidivism. The following quantitative measures were used: The Multi-Dimensional Model of Māori Identity and Cultural Engagement – Revised and Shortened (Gavala, Hopner & Gardner, 2011), Hua Oranga (Kingi, 2002), the Pride In Delinquency Scale (Shield & Whitehall, 1991) and the Criminal Sentiments Scale- Modified (Andrews & Wormiths, 1984). This presentation will consider the relationship between Māori identity and criminality, and will then discuss the current research process and findings.

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4.30pm

Karahipi Tumuaki – The President's Scholarship Recipient 2012

Me maumaharatanga ngā kōrero o ngā whānau, family recollections and social contributions to Māori children's learning

Tia Neha, PhD Student in Psychology University of Otago

*Elaine Reese PhD, University of Otago
Mele Taumoepeau, University of Otago
Sarah Jane Robertson, University of Otago*

Previous work has shown that cultural variations in whānau reminiscing play a critical role in forming patterns in one's

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foundational cultural schemas, cognitions and behaviour (E. Reese, 1995; Elaine Reese, Hayne, & MacDonald, 2008; E. Reese, Tamoepeau, M. & Neha, T. (In Press), 2013). The purpose of the longitudinal study was to explore the contributions of the 60 whānau dyads and to what extent is cultural affiliation, whānau reminiscing and story book reading linked to language growth with their young children. An eclectic fusion of Bicultural, Western based and Kaupapa Māori methods were used to ethically bind this study. Findings showed that mothers who used higher-level talk in book-reading and elaborative reminiscing had children with better oral language skills, consistent with prior research. Mothers who used more repetitions in reminiscing had children with better narrative skills long-term, but lower vocabulary skills. Future work on repetitions in reminiscing will also be discussed.

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Clinical Psychology

Chair: Tansy Brown

3.00pm - 5.00pm Case Room 2

3.00pm

An in-home intensive program for CYF families

Ruth Gammon, Clinic Director/ Sr Lecturer in Psychology, Massey University

Child abuse and neglect continue to be at significantly high rates in New Zealand, while services to CYF families continue to be limited. In-home Intensive Programs have demonstrated supporting and keeping families together, reducing further abuse or neglect, and are cost effective. Not only are In-home Intensive Programs useful in breaking the generational cycle of abuse/neglect and keeping families together, they are cost effective in the long term and can reduce child abuse by providing parents and children with more functional skills and mental health support. In-Home Intensive Programs are used worldwide and have shown a reduction in child abuse and neglect. This model has been modified and piloted with one family through CYF. The adapted model includes twice a week in home therapy with on-call coverage, along with coordination of services and providers. The model will be presented with tools for evaluation and outcomes, in addition to a cost benefit analysis.

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3.30pm

Telepsychology: Issues and applications

Barry S Parsonson, Consultant Psychologist, Applied Psychology International

Telepsychology, using a range of communications technologies (e.g., Telephone, VoIP, Internet) has emerged as an effective means of delivering professional services to persons for whom there are barriers to accessing services due to isolation, immobility, lack of local services, etc. While the available research data show that interventions delivered

through these media approximate those offered face-to-face, there is a need for further research. In addition, there are ethical and professional issues to be addressed which may challenge some practitioners and clients seeking to take advantage of telepsychology. The presentation outlines recent research and discusses the benefits and challenges presented by this approach to delivering assessment and intervention services.

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4.00pm

'Help yourself to CBT'

Amy Montagu and Inga Forman (Doctoral Students), Massey University, Auckland

Low intensity methods of CBT (e.g. self-help programmes) are a relatively new area of interest in psychological treatment. The focus of such approaches is on using the minimum level of intervention to create maximum gain. They aim to increase people's access to evidence-based methods of therapy whilst removing many of the major issues associated with traditional treatment methods, such as lack of access to skilled practitioners, long waiting lists, financial limitations, and inaccessibility to many in the wider community. Two studies will be conducted in this area investigating an individual and a group approach to guided self-help and its effects on low mood and quality of life in a New Zealand community sample. The use of support groups or classes in guided self-help paradigms is increasing. One study will look to examine whether a guided self-help programme delivered in a class format may significantly improve outcome measures, and will look at the effect of the supportive group environment on these outcomes. A 'psychological well-being practitioner' is involved in supporting or coaching individuals in guided self-help, and this support may be delivered through face-to-face, telephone, email or other contact methods. The other study will investigate the optimal mode of support for individuals taking part in the self-help programme and its effect on outcome measures.

Data collection is underway at present, and therefore preliminary results will be able to be discussed.

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4.30pm

PeArLS: Resilience

Sarb Johal, Ph.D., D.Clin.Psy, CMCE, Associate Professor, Joint Centre for Disaster Research

Bouncing back, adaptive capacity, or withstanding stress and catastrophe are just three of many definitions that have been used to define the concept of psychological resilience, especially in the area of disasters. However, it is worth looking at the term more carefully. For example, whose resilience are we talking about, and to what? Who gets to define what resilience means in the Canterbury earthquakes recovery process? And is resilience work done for, with, or to service recipients? This session offers an opportunity to discuss some of the meanings of psychological resilience

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for individuals and communities in a disaster context, and to explore what this may imply when working with organisations, whanau or with individuals to bolster and strengthen resilience.

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the participants in the first study. Four psychologists were interviewed and the protocols analysed using Thematic Analysis. Participants experienced the breathing space as an expanded sense of time and space in which they felt deep present moment awareness of their client's situations. Psychologists were able to be kinder and less judgemental, and experienced enhanced sensitivity and deeper understanding of their clients.

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4.00pm

Teenage motherhood within New Zealand social policy - A discursive analysis

Erica Voisin, PGDip Student Psychology, Auckland University of Technology

AIM: To analyse how language practices in social welfare policy have constructed teenage motherhood in the New Zealand context. METHOD: Discourse analysis was used to examine government publications, also considering how these may have been informed by policy in the UK and US. Relevant research was explored, in particular that carried out by or in partnership with NZ government ministries. RESULTS: This analysis identified that throughout recent social policy a variety of negative discourses were used to construct young mothers as socially immature, fiscally irresponsible and prone to long term benefit receipt. CONCLUSIONS: Within recent social policy documents, teenage motherhood is constructed as a condition requiring government intervention in order to 'protect' young mothers, their children and society from the 'costs' of welfare dependency. This has the effect of positioning young mothers as inherently responsible for their own difficulties, whilst simultaneously disclaiming any contribution on the part of policy makers.

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4.30pm

Affective experiences of post-graduate counsellor education students in coming to embody a counsellor identity

Shanee Barraclough, Lecturer in Counselling/PhD Student in Education, University of Canterbury

This presentation will describe preliminary data collected as part of a PhD research study. The research methodology of collective biography was used in order to explore and theorise the lived experience of post-graduate counsellor education students as it relates to professional identity development. Research suggests that the complexities and processes involved in the development of new helping professionals, such as counsellors, are not well understood. Meanwhile, many students in such training programmes continue to experience potentially negative impacts, such as a sense of incompetence, confusion, stress and even burnout. Significant affective experiences of 'becoming counsellor' for a small group (n=8) of counsellor education students will therefore be reported and considered in the

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Counselling Psychology Symposium

Chair: Dr Bill Farrell

3.00pm - 5.00pm OGGB 4

3.00pm

A qualitative study of Nichiren Buddhists' experiences of engaging in personal therapy

Vikki Baird, PG Dip. student in counselling psychology, AUT

Dr. Mark Thorpe, AUT

This paper discusses a recent study which investigated the experience of Nichiren Buddhists engaged in personal psychotherapy. Five respondents were interviewed in depth and thematic analysis was used to explore the common themes and meanings in these participants' experiences of being a practicing Buddhist within a therapy setting. Five main themes were found: 1) Buddhism and therapy-complementing or conflicting?; 2) Experience of using Buddhism and therapy interactively; 3) Relationship with therapist (other), relationship with Gohonzon (self); 4) Bringing a Buddhist worldview into a therapeutic world and; 5) Clients' experience of the attitudes of their therapists towards their Buddhist practice. Conclusions from the research indicated that a client can use their spiritual practice and personal therapy in a mutually beneficial way, and that a client's spiritual practice may be a valuable 'tool' that a therapist can work with, in order to foster engagement both inside and outside of the therapy room.

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3.30pm

Psychologists' experience of the therapeutic breathing space when working mindfully with clients

Jane Gabites, AUT University

Dr. Mark Thorpe, AUT University

The increasing demands faced by practicing psychologists have been linked to stress and burnout. Effective mindfulness techniques have been shown to help psychologists reduce stress levels, protect themselves from burnout and increase job satisfaction. The first study explored the experiences of psychologists using mindfulness in their practices. Four psychologists were interviewed in depth and the data was analysed using Thematic Analysis. It was found that mindfulness worked well as a stress-reduction tool providing professional and personal benefits for the psychologists. The second study explored the phenomenon of "therapeutic breathing space" reported by

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context of post-structural ideas, with a focus on students as 'subjects-in-process' and 'subjects-in-relation'. This presentation will be of interest to educators, trainee psychologists/counsellors, and those with an interest in understanding ideas of transformation through attention to the affective and discursive in moments of lived experience.

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Neuropsychology Symposium continued

Chair: Janet Leatham

3.00pm - 4.30pm Case Room 3

3.00pm

Coin rotation task, a test of motor speed and dexterity: Norms for New Zealand

Anneke Thornton, DClinPsych candidate, Massey University

Janet Leatham, Massey University

Ross Flett, Massey University

Background: The Coin Rotation Task (CRT) is a validated test of psychomotor speed and motor dexterity. It is quick, convenient and inexpensive. However it is based on the US nickel, normative data is limited and no norms exist using any NZ coin.

Aims: To collect New Zealand norms for the use of the CRT and to compare the US nickel against the NZ 20 cent coin to examine equivalency between the two coins.

Method: As quickly as possible, 215 participants aged 16-87, rotated the 20 cent coin 180 degrees in their dominant and non-dominant hands - 20 seconds per hand.

Results: Normative data was collected for number of rotations per 20 seconds with the NZ 20 cent coin. No significant difference in the number of coin rotations was found between the nickel and the 20c coin.

Conclusion: Norms are now available to facilitate use of the CRT in New Zealand and the US.

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3.30pm

Cheap, fast, good: Pick Two - assembling a practical comprehensive assessment for a Memory Service

Dryden Badenoch, Consultant Clinical Psychologist, Relaxed Therapy

Providers of Memory Services are increasingly opting to forego neuropsychological assessment (seen as costly and time-consuming) in favour of simple screening measures (seen as quick & convenient, despite being imprecise and unhelpful when planning interventions): choosing "cheap & fast" over "good".

The challenge for over-worked clinicians is to identify or assemble a test battery sufficient to diagnose dementia by sub-type and rule out or support differential diagnoses, as well as inform future management, without demanding too much of either the client or the clinician.

This presentation describes the process of assembling such a battery. It is suitable for any Clinical Psychologist or intern with an interest in neuropsychology.

We review the relevant areas of cognitive functioning, the available tests of these functions and the tests' suitability for use together in an assessment process which is as "cheap & fast" as possible while remaining "good".

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4.00pm

Monitoring cognitive function during ECT: Current New Zealand practice.

Anneke Thornton, DClinPsych candidate, Massey University

Janet Leatham, Massey University

Ross Flett, Massey University

Objective: To determine current practice regarding cognitive assessment during electroconvulsive therapy among ECT treating professionals across New Zealand.

Design/Participants: A questionnaire sent to 45 professionals resulted in a response rate of 35.5% from 12 district health boards across New Zealand.

Results: Most assess cognitive function at least once during a course of ECT. A third assess at baseline, at least once during and then after the course. Assessments are being conducted by people from various professions. Over two thirds said that a lack of time, resources and sensitive tests were restricting more frequent and thorough cognitive assessments.

Conclusion: Respondents recognise that assessing cognitive functioning during a course of ECT is important, though large variations in the nature, frequency and length of the assessments exist. Future research should develop a standardised, sensitive, inexpensive screening measure tailored for use with patients receiving ECT to help overcome the current restrictions to cognitive assessment.

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Forensic Psychology Symposium

Chair: Rajan Gupta

3.00pm - 5.00pm OGGB 5

3.00pm

Development and evaluation of a dynamic risk assessment measure for prison case management

Nick Wilson, Principal Advisor Psychological Research, Department of Corrections, NZ

One of the key tasks for offender case management is the creation and implementation of an individualised dynamic offender management plan that covers both offender risk variables and protective assets empirically linked to desistance from offending. The Structured Dynamic Assessment Case-management-21 item (SDAC-21; Serin & Wilson, 2012) is a 21 item dynamic risk structured assessment approach developed to assist New Zealand case managers to systematically assess three domains reflected in the measure that are empirically related to risk of re-offending, responsivity, and

Programme & Abstracts, Sunday 8th

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desistance (Protective) in relation to viable individual risk scenarios. The New Zealand SDAC-21 research had two aims. First to establish the reliability and convergent validity of the SDAC-21 with a large sample of higher risk prisoners, second to determine how the SDAC-21 may inform case management decision making and improved understanding of offenders. Six specialist case management teams located at five male and one female prison locations around New Zealand applied the SDAC-21 in their management of higher risk prisoners over a 10 month period (N = 470). Analysis of the reliability of SDAC-21 scale scores, factor analysis, distribution of dynamic need, responsivity, and protective assets, and correlation of scales and risk factors will be presented. The implications of the use of the SDAC-21 in improving case management of New Zealand prisoner will be discussed.

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4.00-5.00pm

Mini-workshop: An introduction to the principles and practice of psychological profiling of aberrant violent crimes

Dr Richard N Kocsis, Private Practitioner

Psychological profiling (colloquially also referred to as criminal profiling) is a forensic tool used to assist in police investigations where exhibited behaviours of a crime or series of related crimes are examined for the purpose of identifying characteristics of the unknown probable offender. After outlining some initial principles surrounding the nature and application of profiles in aiding police investigations this workshop canvasses research into the development of the profiling approach referred to as 'Crime Action Profiling' (in acronym 'CAP'). Three separate conceptual mechanisms respectively developed from original empirically based studies examining the crime scene behaviour patterns and offender characteristics in sexual murderers, serial rapists and serial arsonists will be examined. The application of the CAP models for the purpose of evaluating future crimes of a similar nature will also be explained.

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Clinical Psychology continued

3.00pm - 5.00pm OGGB 3

3.00pm

Hikikomori – A Japanese social disorder

Gen Numaguchi, Ph.D., Southern DHB

Hikikomori is a relatively new phenomenon in Japan but is quickly becoming a serious problem affecting economic, social, and health care system in the country. The disorder, although not officially part of any psychiatric diagnosis, is similar to social phobia, avoidant personality disorder, and Asperger's amongst others. It is a behavioural problem where people refuse to leave their house and isolate themselves for at least 6 months while their family members somehow allow this to happen. The disorder is considered unique in Japan because of its social structure, mental health care system, and culture. The presentation will be mostly literature review with special emphasis on understanding

cultural differences and mental health perspectives associated with them. Some personal experiences as a clinician dealing with Japanese patients and also living in the country will be incorporated also.

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3.30pm

Shame and resilience among Pākehā New Zealanders

Samantha Brennan, PhD candidate in Psychology, University of Waikato

Dr Neville Robertson, University of Waikato

Dr Cate Curtis, University of Waikato

Shame, a complex yet common experience, is an under-recognised trigger of poor psycho-social functioning. The primary research aim is to investigate experiences of shame, with a particular emphasis on resilience. This research is intended to uncover the sources of shame for members of New Zealand's dominant culture, and to identify the ways in which Pākehā New Zealanders experience and respond to shame. The research emphasises resilience, seeking out the responses to shame that foster healthy and resilient psycho-social functioning. Shame and resilience are being examined from within a social constructionist epistemology, paying particular attention to the social and cultural contexts in which shame is experienced and resilience to shame is developed. Participant interviews are being conducted and analysed using Foucauldian discourse analysis. Major themes from the interviews will be presented, which will lead to increased understandings of these powerful and evocative constructs for psychologists from a variety of disciplines.

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4.00pm - 5.00pm

Therapist - supervisor dialogue: Family therapy - building bridges across therapeutic modalities and between individuals and families

Nadav Avny - Clinical Psychologist, Auckland City Hospital & Dr. Melanie Stapelberg, CMDHB

This presentation, delivered jointly by therapist and supervisor, integrates the theoretical background of family systems therapy, a case presentation, and reflections on the supervision process. The theoretical background introduces the core principles of first-order cybernetics and related family therapy approaches (Strategic, Structural, and the Milan model) as well as constructs from second-order cybernetics. The case presentation explores the translation and application of those concepts to the therapeutic, and supervisory, process for a family recovering from the suicide attempt of an 81 year old family member. This journey covers the family therapy periods during the client's admission to an Older Adults psychiatric ward and post discharge. Brief audio vignettes from the family therapy are used to clarify the links between theory and practice.

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Programme & Abstracts, Monday 9th

8.00am	Registration
8.30am	Psychologists Board
9.30am	Morning Tea
10.00am	Keynote Speaker
11.00am-1.00pm	Symposia
1.00pm	Lunch
2.00pm - 3.00pm	Symposia
3.00pm	Keynote speaker
4.00pm	Refreshments Conference ends

Morning 8.30am - 12.00pm

The NZ Psychologists Board

8.30am - 9.30am OGGB 5

New Zealand Psychologists Board annual information and Consultation forum

Presenters: Ann Connell (Chairperson) and Steve Osborne (Chief Executive & Registrar)

Board representatives will hold an interactive forum covering topics such as:

- An update on the proposed amalgamation of all 16 Regulatory Authorities' secretariats.
- The Board's role and functions in relation to complaints made against psychologists.
- An update on the development of internationally agreed core competencies for psychologists (arising from the 5th International Congress on Licensure, Certification, and Credentialing in Psychology).
- Governance updates re: our ongoing collaboration with the Psychology Profession Advisory Forum (the Society, College, and training programmes), our work with Health Workforce New Zealand (internships, prescribing rights), and the current review of the HPCA Act.
- Operational updates re: registration growth, fees/levy changes, the Continuing Competence Programme, and a complaints overview (including "lessons learned").
- Guiding the profession: An update on our Best Practice Guidelines.

Time will also be allowed for a general question and answer session.

Conflict, Support and Aggressive Attitudes: The Pains and Pleasures of Intimate Relationships

Chair: Nickola Overall

11.00am - 1.00pm Case Room 1

This symposium examines central predictors and outcomes of important close relationship processes, such as conflict, support and aggressive attitudes and behaviour. By employing cutting-edge observational, longitudinal and analytic methods, the studies presented demonstrate how to manage insecure partner's defensive reactions to conflict, identify when providing support benefits versus harms close others, and reveal why sexist attitudes can trigger hostile behaviour toward intimate partners.

11.00am

Buffering attachment avoidance: Counteracting defensive strategies during conflict

Nickola C. Overall, University of Auckland

Avoidant individuals lack trust in others and become defensive during relationship conflict. This research examined whether relationship partners can soften avoidant defences. Heterosexual couples (N = 180) were recorded discussing problems involving one partner wanting the other partner to change. Couples reported on how angry they felt during the discussion and how successful the discussion was in resolving the problem discussed. Independent coders also rated the extent to which individuals exhibited withdrawal and partners softened their communication by minimizing conflict, inhibiting hurt reactions, and downplaying problem severity. Avoidant intimates exhibited greater anger and withdrawal, and these defensive reactions impeded problem resolution. However, dyadic modelling revealed that avoidant anger and withdrawal was attenuated when partners engaged in high levels of softening communication, and this buffering effect produced more successful problem resolution. These results illustrate how partners can down-regulate avoidant defences during conflict and improve their relationships. Practical implications will be discussed.

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11.30am

When visibility matters: The costs and benefits of visible versus invisible support

Yuthika U. Girme, University of Auckland

Visible support, involving direct displays of care and reassurance, can exacerbate stress, whereas invisible support, involving subtle and indirect forms of care, can bolster coping. The current research examined whether the costs and benefits of support depend on the contextual needs of the support recipient by examining the provision of visible and invisible support during couples' (N = 61) video-recorded support-relevant discussions. Greater visible

Programme & Abstracts, Monday 29th

support was associated with greater perceived support and discussion success for recipients who were distressed and thus needed direct forms of reassurance. However, visible support was costly for non-distressed recipients who reported lower discussion success. In addition, greater invisible support was not associated with outcomes in the short-term, but predicted greater goal achievement across time. These results demonstrate that visible support is most effective in the short-term for recipients who are experiencing distress, whereas invisible support is most effective in facilitating recipients' long-term goal achievement.

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12.00pm

Hostile sexism, interpersonal perceptions and aggressive relationship behaviour

Matthew D. Hammond, University of Auckland
Hostile Sexism expresses fears that women will use their relational power to manipulate and control men. The current research examined whether Hostile Sexism was associated with more negative perceptions and aggressive behaviour within heterosexual intimate relationships. Committed couples reported on their own behaviour and perceptions of their partner's behaviour five times across a year (Study 1) and daily for 3 weeks (Study 2). Men who more strongly endorsed Hostile Sexism perceived their partner's behaviour as more negative than was justified. The biased perceptions associated with men's Hostile Sexism also predicted feeling more manipulated, behaving more negatively toward intimate partners, and feeling less satisfied. These results indicate that men who endorse Hostile Sexism behave more aggressively and experience less satisfaction within close relationships because their antagonistic attitudes toward women in general permeate the way they perceive their intimate partners. Implications for understanding how sexist ideologies influence relationship functioning will be discussed.

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Clinical Psychology Training

Chair: Dr John Fitzgerald

11.00am - 1.00pm OGGB 4

This symposium draws together presentations focusing on various content and process issues involved in the training of clinical psychologists in New Zealand. Individual papers cover a range of topics which will be of particular interest to clinical students, teachers and practice supervisors. Those working in other areas of applied psychology will also find the presentations/discussion valuable.

11.00am

Ethics in practice: Attitudes and behaviours amongst clinical Psychologists in New Zealand

John Fitzgerald PhD, Clinical Psychologist, & Joshua

Myers D. Psy, Clinical Psychologist

Ethical decision making is a core element in the competent practice of clinical psychology. While valuable guidelines exist in our Code of Ethics, we have little information about how these are understood and applied in practice. The only public data we have concerns major breaches of the Code which have resulted in sanctions being imposed.

The data reported here was sought in order to provide greater insight into the contemporary practice of clinical psychology in New Zealand. Specifically, we gathered responses about the occurrence of certain behaviours, and opinions of practitioners on whether these behaviours represent ethical and good/poor practice.

Data was collected via an on-line survey from a sample of clinical psychologists and students enrolled on New Zealand's university clinical psychology training programmes.

The results reported in this presentation (a) describe those who completed the survey and the basic data set they contributed to, and (b) identifies important associations within the data. We also draw conclusions and make recommendations regarding professional development and ethics training.

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11.30am

Clinical psychology pre-qualification training in the use of outcome measures

John Fitzgerald PhD, Clinical Psychologist

Despite the emphasis placed on monitoring therapeutic change and measuring outcomes there remains reluctance on the part of many practitioners to make use of standard assessment tools. This is surprising when one considers the evidence that therapists, irrespective of the approach they use, are generally poor at evaluating therapeutic progress when relying on experience and clinical judgment alone. In order to enhance the capacity of our profession in this regard it is important that those at the beginning of their careers achieve competence in the selection and use of appropriate measures.

The data reported here were collected from clinical psychology training clinics in New Zealand and Australia via an on-line questionnaire. Our enquiry focussed on the values/beliefs of the training clinics, as expressed by the clinic director/manager, and the training experiences provided in the selection, use and interpretation of standard outcome measures. Analysis includes a comparison with a similar study recently conducted in America

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12.00pm

Measurement and prediction of clinical psychology students' satisfaction with clinical supervision

Eileen Britt, University of Canterbury

David Gleaves, University of South Australia

Clinical supervision provided within the context of field

Programme & Abstracts, Monday 9th

placements plays a vital role in the training of clinical psychologists. Yet, there are few studies evaluating clinical psychology trainees' perceptions of clinical supervision in such placements. Students' ratings (n=212 students) of the supervision they received (n=78 supervisors) on the Supervision Checklist (Bernard & Goodyear, 1998) over a six year period were used to evaluate what aspects of supervision lead supervisees (clinical psychology graduate students) to overall feel satisfied with the supervision received on field placements. The results indicated that "Collaboration and Mutual Understanding" was the best predictor of overall satisfaction with clinical supervision.

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Youth Justice Symposium

Chair: Ian Lambie

11.00am - 1.00pm OGGB 5

11.00am

Youths' Fitness to Stand Trial: Research and Clinical Practice

Alexandra Bajac, Karmyn Billing, Mike Butcher (Clinical Psychologists, Regional Youth Forensic Service)

The Accident Compensation Act has been extended to include cover for New Zealand residents who develop a mental injury following firsthand experience of sudden traumatic events while at work. This is additional to the existing cover for mental injury arising from a physical injury. In response to the Christchurch earthquakes ACC developed streamlined processes to expedite assessment, treatment and then recovery for people who lodge a claim for mental injury related to the earthquakes. The enhanced process led to a reduction in the mean time to accept a claim for work-related mental injury for earthquake related claims. The time taken to decline a claim also fell. Information on the reasons for declining claims will be provided. Discussion will focus on activities that have been decisive in improving ACC responses to such disasters such as the use of psychologist assessors.

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11.30am

Fitness to stand trial and the curious case of developmental immaturity in youth

Mike Butcher, Karmyn Billing, Alexandra Bajac (Clinical Psychologists, Regional Youth Forensic Service)

Fitness to Stand Trial (FTST) assessments are more commonly being used in the Youth Court arena over the past few years, as discussed in the previous paper. Generally, legal concepts and case law from adult Courts apply to young people being assessed for FTST. However, young people are inherently different in that they are continuing

to develop cognitively and emotionally. In some overseas jurisdictions young people have been found to be unfit to stand trial not based on intellectual disability or major mental disorder, but due to Developmental Immaturity. To our knowledge, this has not been formally adopted in New Zealand case law, though is now being discussed within a New Zealand context e.g. see Brookbanks (Competencies of Trial, Fitness to Plead in New Zealand, 2011).

In this paper we will outline key theoretical concepts relating to developmental immaturity. The issues raised will be highlighted by a case study of a young man who we assessed when he was 14 years of age, and then when he was 16 years.

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12.00pm

Kia kotahi te whakaaro: Being of one mind. Using tikanga to reconnect youth who have severe conduct problems with their whānau

Mariana Hiriaki, Social Worker and Functional Family therapist at Youth Horizons Trust in Hamilton & Hinemoa Elder, Child and Adolescent Psychiatrist

Whaitake Whakaoranga Whānau, a Māori approach to Functional Family Therapy (FFT) for youth with conduct problems, was initiated by Māori therapists and Kaumātua at Youth Horizons in 2010. This approach was developed by bringing FFT into the therapists' world-view and making the modifications they felt necessary to engage and intervene effectively with whānau. The US originators of the programme supported these developments. This presentation offers an overview of the experience of these Māori therapists and their Kaumātua as well as those of whānau. The rationale for the further development and formal cultural adaptation of FFT is also presented. This approach is mindful of the cultural challenges of cultural adaptation of non-Māori so called "evidence based practices". Youth Horizons is committed to the further development of this indigenous approach to FFT and to evaluating it from kaupapa Māori and western scientific perspectives. The current Whaitake Whakaoranga Whānau research activities are discussed.

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12.00pm

O se tamaiti mai fea? An exploration into understanding Pacific Island youths who offend violently

Dr Julia Ioane, Regional Youth Forensic Service

In the Samoan culture, when a child or youth offends, the first question that is generally asked is "O se tamaiti mai fea?" or "Where are they from?". This study aimed to investigate this question by looking at Pacific Island youths who offend violently. Violent offending is disproportionately

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represented amongst Pacific Island youth offenders in New Zealand. While previous research on Pacific Island youth has focussed on gangs and communities, contemporary understanding of this group is limited. This study explored whether there are any prevalent risk factors amongst this population. It also compared Pacific Island youth offenders with Māori and Pālagi (Pālagi is the Samoan term for Pākehā, Caucasian or European person in New Zealand) youth offenders using the same criteria to determine whether similarities or differences existed. Youth offenders were matched using records from NZ Police and Ministry of Education. This presentation will discuss the findings from this research including the implications it may have for Pacific Island youths and their families, alongside government departments such as the Ministries of Education, Justice, Police and Child, Youth and Family, programme providers and practitioners working with our Pacific Island communities. Recommendations are made regarding clinical implications and future research on this population including the need to evaluate and enhance existing services for Pacific Island youths and their families.

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Brain Injury (mTBI) (n=80), Major Depression (MDE) (n=80), and a healthy control sample (n=80) on sub-tests of the Wechsler Batteries (WAIS-IV: DSF, DST, LNS; WMSIV: LM-I) both in the standard and the distraction condition. Test effort was controlled.

Results: ANOVA and mixed model analysis documented significant deterioration of performance in the distraction setting for clients with mTBI. In contrast, the performance of a healthy control sample remained unchanged. Significant improvement of performance in the distraction setting was documented for clients with MDE. Contrary to their improved performance, depressed clients experienced the distraction setting as more distressing than the control and mTBI group.

Conclusions: A normative, replicable environmental distraction procedure is herewith available for clinical practice and further research, highlighting specific incapacities in mTBI populations and demonstrating value for differential diagnosis.

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Guest Speaker: Donna Rose Addis

Beyond the past: The broader implications of memory loss in aging and dementia

Chair: Kerry Gibson

11.00am-12.00pm OGGB 3

Abstract see page 13

Neuropsychology

Chair: Kerry Gibson

12.00pm - 1.00pm OGGB 3

Neuropsychological assessment of distractibility in mild traumatic brain injury and depression

Ralf Schnabel PhD, Dep Psychological Medicine, University of Auckland

Objective: Traditional Neuropsychological Assessments are conducted exclusively in a quiet, distraction-free environment (Lezak, Howieson, & Loring, 2004); clients' abilities to operate under busy and distracting conditions remain untested. Environmental distractions, however, are typical for a multitude of real life situations and present a challenge to clients with frontal-temporal brain injury. In an effort to improve ecological validity, an extension of the traditional Neuropsychological Assessment was developed, comprising a standardised distraction-condition, which allows cognitive functions to be tested both in the traditional setting and, additionally, with exposure to a normative audio-visual distraction. Participants and Methods: The present study (n=240) investigated performances of clients with mild Traumatic

Rapid learning from the future – Recent research and development in self modelling.

Chair: Neville Blampied

11.00am-1.00pm Case Room 2

Bandura showed that observational learning is a potent way to teach new skills. A model (who demonstrates the skill) interacts with an observer/learner (who does not possess the skill) and the observer subsequently demonstrates skill acquisition. In research that began in Auckland, Peter Dowrick demonstrated that when the model and the observer were the same person – termed self modelling – rapid learning occurred. In feedforward self modelling the model is contrived so as to display behaviours not currently in the person's repertoire. Successful acquisition via feedforward is thus "learning from the future". Technical developments have made it increasingly easy to generate feedforward models (e.g., via digital video), and this symposium reports a number of successful demonstrations in clinical and educational settings, and from young children to adults. Finally, Peter Dowrick reports on a project where the principles of feedforward are being used to assist achieving literacy goals in a developing country.

11.00am

Video self-modelling as a treatment for spider phobia

Blampied, N.M., Hood, M.

Self-modelling uses 'images of oneself engaged in adaptive behaviour' (Dowrick, 1999). Of several forms of self-modelling, feedforward modelling extends an individual's repertoire by exposing her/him to depictions of themselves performing novel behaviour or behaviour in novel contexts,

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created by manipulating video of current performances. Sixteen spider-phobic adults were assessed for phobia severity using behavioural avoidance tests (BAT) and self-report measures of spider phobia, anxiety and depression, and self-efficacy. Eight pairs were formed by matching on initial phobia severity. Blue screen and other video editing procedures created self-modelling videos for one member of each pair, depicting him/her (a) successfully completing the BAT, (b) removing a spider from a wall and releasing it outside, and (c) calmly observing a tarantula crossing a desk to within 12 cm. After baseline assessments, participants viewed a video once every 2 days for 14 days. One of each pair observed themselves (self-modelling) and the other watched the same video (peer-modelling). Subjective units of discomfort ratings were recorded in baseline, at each viewing, at post-test and follow-up, along with BATs and self-report measures at post-test and follow-up. Both types of modelling reduced behavioural avoidance and increased spider self-efficacy, but self-modelling produced somewhat more clinically significant changes in phobic beliefs and symptoms.

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11.30am

Reducing anxiety in public speaking performance using video self modelling for rapid learning

*Liz Gilchrist
Lawrence Walker
Karyn France
University of Canterbury*

Video Self Modelling (VSM), an intervention based on observational learning, was used to increase performance fluency and decrease cognitive, behavioural, and physiological anxiety in ten high school students from an English class in a New Zealand secondary school. Video self model vignettes were created for each student to depict confident speaking and then viewed by the students 5 to 8 times over two weeks. Results indicated, from pre-intervention to post-intervention, that all students decreased their level of behavioural anxiety. Seven of the ten students decreased their level of self-reported speech anxiety and six students self-reported more positive thoughts about public speaking. The results suggest that VSM could be used as an intervention, within a high school setting, to reduce anxiety and improve public speaking performance.

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12.00pm

Reducing fear of dogs in children through the use of video self modelling

*Megan Swney
Gaye Tyler-Merrick
Karyn France
University of Canterbury*

This study used video self modelling, an intervention based on observational learning, to help reduce dog fears in three children aged between 7 and 13 years old. All participants watched a video depicting them being in the

same environment as a dog for two weeks. Appropriate dog safety techniques and dog body language identification skills were also taught to the children via a book. With a five point Likert scale, measures were taken pre-intervention and again two weeks later at post intervention at the same video settings. A short quiz was also used to measure the children's knowledge regarding the book. Results showed a decrease in reported fear levels for two of the three participants, with the third participant showing variable levels of dog fear. These results suggest that video self modelling can help in reducing dog fears in children.

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12.30pm

Video feedforward for rapid learning of a picture-based communication system

*Linda Hand
Jemma Smith
Peter W. Dowrick
University of Auckland*

This study examined the efficacy of feedforward to teach various goals of a picture exchange communication system (PECS). Two boys with autism spectrum disorder and one man with Down syndrome were non-verbal with no functional system of communication. A series of replications, with different length baselines, were used to examine whether VSM could replace the PECS method of teaching to achieve the same goals. All three participants showed rapid learning of their target behaviours when introduced to their self modelling videos, and effects generalised without the need for further intervention. We conclude that VSM, using feedforward, may provide an easy-to-use, fast way of teaching picture-based communication without the need for prompts or intensive operant conditioning.

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Stepped Care Symposium

Chair: Jackie Feather
11.00am - 1.00pm Case Room 3

11.00am

Increasing access to talking therapies in adult mental health: Stepped care introduction and pilot

*Tina Earl, WDHB
Andrew Bunting, AUT University
Jackie Feather, AUT University*

A survey of mental health users in Waitemata District Health Board (WDHB) found that consumers wanted more access to talking therapies (Earl, 2008). Stepped care is a model developed to increase access to services. This paper discusses the outcomes of a pilot study evaluating the introduction of stepped care designed to improve the delivery of psychological therapies in the secondary mental health service of WDHB. The study was a collaboration between WDHB and AUT University.

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The results showed that access to therapy was increased through the implementation of the stepped care model. Therapy effectiveness was also increased through the use of progress evaluation measures such as the SRS (Session rating scale) and ORS (Outcome rating scale), with most gain being made by 8 weeks. Implications are discussed in relation to the use nationally of the stepped care model in the health sector; the need to meet the growing bulge in the presentation of moderate to severe level of disorders; and the concept of shared care across primary and secondary health sectors to maximise the use of limited resources at a time of decreasing resources both fiscally and in the workforce.

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11.30am

Therapists experiences of the introduction of stepped care in adult mental health services.

*Michelle Lenaarts, AUT University
Jackie Feather, AUT University
Tina Earl, WDHB*

This qualitative study explored therapists' experiences of the introduction of a stepped care model for delivery of psychological (talking) therapies in the Waitemata District Health Board (WDHB). Stepped care involves an approach used by clinicians to place individuals at the appropriate level of care with the ability to change this level if necessary on review of their therapy progress. The idea is to enable the greatest potential benefit for patients based on their match with available therapeutic resources. Six therapists were individually interviewed face to face. The study identified four themes: (1) therapy resources; (2) team culture; (3) access to talking therapies; and (4) outcome evaluation tools. The results indicated the importance of being aware of clinicians' perceptions and experiences and the potential impact of these on the introduction of stepped care. The study enabled healthcare providers to be aware of these influences on the adoption of this new model.

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12.00pm

Lifestyles for wellbeing group for people with chronic conditions: A qualitative evaluation

*Jackie Feather, AUT University
Michelle Lenaarts, AUT University
Sandy Rutherford, AUT University*

This qualitative study explored participants' experiences of a "Lifestyles for Wellbeing" group jointly developed and delivered by psychologists and occupational therapists in the AUT Akoranga Integrated Health Clinic. The group was inspired by a lifestyle redesign approach that helps individuals who have chronic conditions to live more satisfying and fulfilling lives. Based on the philosophy that individuals find meaning through occupations/activities, this was a natural fit with behavioural and cognitive models. The 6-session programme aimed to increase meaningful behaviours to help individuals' psychological states. Following the pilot group, 13 participants were

individually interviewed. Four themes were identified: (1) programme; (2) group; (3) outcomes; and (4) evaluation tools. The results showed that overall the participants enjoyed the programme and found it beneficial, however some aspects required tweaking to ensure positive outcomes. The study highlighted the importance of the evaluation of interventions to better serve the needs of this vulnerable population.

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Mini-workshop

Chair: Peter Coleman

11.00am - 1.00pm Case Room 4

CCP – everything you wanted to know but were afraid to ask

Anne Goodhead (Clinical Psychologist) Psychology Advisor, Psychologists Board

The Board's Continuing Competence Programme has now been in place for four years but the auditing of psychologists' records of their participation shows that a few still have some lingering confusion about what is expected. This workshop will cover the underlying rationale for the programme, the steps involved and what the audit process has shown so far. The aim of this session is to help all psychologists to record their CCP in an efficient and straight forward manner without stress so that their energy is conserved for their professional work and actual learning. There will be time for questions so please bring along any concerns or confusion, either to air in the session or to arrange private coaching after the event.

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Afternoon 2.00pm - 3.00pm

General Psychology

Chair:

2.00pm - 3.00pm Case Room 1

2.00pm

Cynicism, empathy and social justice perception

*Dr Lawrence Alfred Powell, Honorary Research Fellow, Auckland University
Lindsay Neill, Auckland University of Technology
Rosemary Frey, Auckland University*

Preconceptions about whether others can be trusted and whether one can afford to cooperate extensively with others to solve difficult problems have many implications for social capital building and dispute resolution between individuals and groups in society. This research explores 'cynical' and 'empathetic' orientations to social interaction, and the ways in which these worldview schemas relate to (1) social justice judgements and (2) personality and self-conception. Data were gathered using a multi-construct written questionnaire instrument administered to undergraduates

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at Auckland University of Technology, and an online version administered to hospitality industry professionals (Restaurant Association of New Zealand members). Results show significant differences in both personality attributes and in social justice attitudes between participants who are predominantly cynical in their worldview (higher scores on 20-item Leung cynicism scale, relative to empathy) and those who are predominantly empathetic in their worldview (higher scores on 14-item empathy scale, relative to cynicism.)

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2.30pm

Data-Focus Approach: Developing A New Method In Applied Psychology

Johana E. Prawitasari, Professor in Clinical Psychology, Universitas Kristen Krida Wacana (UKRIDA)

Tiara R. Widiastuti, Faculty of Psychology, Universitas Gadjah Mada

Walida Asitasari, Faculty of Psychology, Universitas Gadjah Mada

Data-focus approach is invented based on field experience in psychological services in the community. The purpose of this study is to compare the new method to the usually process oriented approaches, e.g. Gestalt, Psychodynamics, and Yalom's Interactional Group approaches.

Partially randomized trials were used. There were 21 volunteer clients. The pre-and-post scores of self-regulation, emotional awareness, meta emotion, and stated agenda on interpersonal relationship for each session were presented to see the compatibility of the new method with all three approaches.

Results indicated that the new method evidently was compatible. Specifically, participants in the new method were satisfied with the manageable behavioral change. This is to confirm that the new approach is feasible to be applied in the group processes. Thus, it is also recommended to be studied in other settings, like in the community, using simplified procedure that it will be more significant for a developing country like Indonesia.

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Clinical Psychology

2.00pm - 3.00pm OGGB 4

Chair: John Fitzgerald

Clinical decision making among sexual abuse counsellors working with child and adult survivors of sexual abuse: A New Zealand study

Cheryl Woolley, School of Psychology, Massey University, Palmerston North;

Gillian Craven, School of Psychology, Massey University, Palmerston North;

Jan Dickson, School of Psychology, Massey University, Palmerston North;

Ian Evans, School of Psychology, Massey

University, Wellington.

Providing therapy for child and adult sexual abuse survivors is a complex area of therapeutic practice. A nationwide survey was undertaken in order to investigate the decision-making processes of practitioners working with child abuse survivors. Forty-one child-focussed practitioners and 113 adult-focussed practitioners responded to open-ended questions about indicators of sexual abuse, and the factors informing their therapeutic decisions. Thematic analysis of their responses indicated nine themes: indicators of sexual abuse, safety, need for disclosure, the therapeutic process, working with emotions and behaviours, taking a developmental approach, influence and involvement of the family, working with external agencies, and intuition and experience versus evidence-based decisions. How these themes inform decisions made by practitioners and their implications for strengthening clinical judgement through professional development is discussed. In addition, the implications of these findings and their potential to enhance the psychotherapy training needs of clinical psychologists will be discussed.

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Youth Justice Symposium continued

2.00pm - 3.00pm OGGB 5

2.00pm

Lighting the way:

What do we know about children who engage in deliberate firesetting?

*Ian Lambie, Assoc Professor Auckland University
Isabel Randell and Julia Ioane*

While some experimentation with fire play is widespread among many young boys when growing up, deliberate firesetting is less common. Using a sample of 1,800 children who were referred to the New Zealand Fire Service Fire Awareness and Intervention (FAIP) for deliberate firesetting, we examined police records post FAIP intervention, whether the children had Child Youth and Family, as well as Ministry of Education involvement prior to referral to the FAIP. Whether deliberate firesetting is a marker of on-going antisocial behaviour and the clinical implications of these findings will be discussed.

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2.30pm

Breaking the cycle: Reducing the risk of re offending in young adult offenders in the community

Louisa Webster, Senior Psychologist, Department of Corrections

Youth offenders (aged below 20 years) continue to pose a high risk of offending within our communities. On any given day, approximately 2,500 youth offenders are serving community sentences and orders, representing 8%

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of the total number of offenders serving such sentences. Youth offenders are not able to access adult rehabilitative programmes, nor are their needs appropriately met by such programmes. As such, this client group continue to pose a challenge to correctional services in terms of how to effectively address their offending specific rehabilitative needs and hence reduce reoffending. This presentation will discuss Corrections' response to this challenge: a review of current practice and the current 'what works' with youth offenders literature, leading to the rewriting of the current offending behaviour programme for youth offenders, with the objective of effectively targeting the offending risks of youth, in a manner which engages them and is responsive to their needs.

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ACC Session

Chair: Peter Coleman

2.00pm - 3.00pm OGGB 3

Sensitive claims

Emma Powell (*Strategy Manager Sexual Violence*) and Dr Kris Fernando (*National Advisor Psychology and Mental Health*)

An estimated one in four women and one in eight men are affected by sexual abuse (Reference: Mayhew, P., and Reilly, J. (2006) *The New Zealand Crime & Safety Survey: 2006*. Wellington: Ministry of Justice). In 2012 alone more than 6,500 survivors of sexual abuse received support and treatment from ACC, and this number is projected to rise. How we manage and deliver services to our sensitive claims clients matters to ACC. Having a dedicated sensitive claims assessment and treatment service will help to ensure that our sensitive claims clients receive the best possible service to support them through their recovery. This presentation will provide an overview of the proposed service redesign and offer an opportunity for questions, comments and feedback from participants.

Symposium: Rapid learning from the future – Recent research and development in self modelling continued

2.00pm - 3.00pm Case Room 2

2.00pm

Use of iPads for feedforward video self modelling to build reading fluency

Cathy Robson

Lawrence Walker

Neville Blampied

University of Canterbury

In this study an observational learning technique - feedforward video self modelling (FFVSM) - was used to improve children's reading fluency. Eleven primary school children aged between 72 and 108 months, 4 girls and 7

boys, viewed edited video footage of themselves presented on an iPad seemingly reading a difficult text at a fluent rate. Each child viewed their video six times over a two week period. The results showed that the majority of the children improved their reading fluency, comprehension and accuracy, as well as their reader self-perception (a proxy measure of self-efficacy). These positive results suggest that FFVSM could be a rapid, cost effective intervention to be used within educational settings to promote fluency in reading.

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2.30pm

Video feedforward for beginning literacy in Liberia

Peter W. Dowrick, *University of Auckland & University of Hawaii at Manoa*

At the new millennium, the United Nations set important goals, including every child – worldwide – being able to read by 2014. In 2009, desperate to put a positive spin on a marked failure, the World Bank asked me to devise a "rapid learning" system for teachers of early literacy in countries where civil wars, poverty, etc. had denied the experience of schooling and the availability of good models. In 2010, we provided modest equipment and hands-on training to a Liberian agency to produce video vignettes, based on feedforward principles for diverse new teachers, in schools from Monrovia to the border with Guinea. We made 15 vignettes, with plans for 100 more, to be used in training a thousand teachers (underpaid or unpaid). Trainings have since been done in Gambia and Kenya, with plans for other countries in Africa and elsewhere. We will discuss the context, the principles, and their applicability.

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Mini-workshop

2.00pm - 3.00pm Case Room 3

Chair: Quentin Abraham

Escaping "Death by Powerpoint": the psychological principles underlying engaging & effective spoken & written presentations

Dryden Badenoch, *Consultant Clinical Psychologist, Relaxed Therapy*

We know attention is crucial to memory retention. We know engagement is a key factor in therapeutic change. And yet "Death by Powerpoint" is a frequent experience in conference & research presentations, in our professional training, and in community education and group interventions.

Clinicians are, by training & inclination, effective communicators, yet psychologists not only fail to apply basic psychological principles to our presentations, we undermine their delivery by misusing the available tools and by applying maladaptive conventions.

This workshop demonstrates the gains possible with a

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psychological approach to presentation, and facilitates such an approach with useful frameworks and techniques. It is suitable for any psychologist: student, intern, researcher or clinician.

We present & discuss psychological principles underlying effective delivery of spoken & written information, using our presentation to exemplify these principles.

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Poster Board 1

Increasing civic engagement and wellbeing in New Zealand youth

Jill Hayhurst, PhD Student, University of Otago

John A. Hunter, University of Otago

Ted Ruffman, University of Otago

Active citizenship is key to both personal and social wellbeing. Recent evidence suggests that New Zealand youth are exhibiting especially low levels of political interest and social responsibility. The present study explores 1) the links between wellbeing and citizenship in youth; and 2) the potential for citizenship to be increased through national changemaker events. Changemaker events focus on issues important to youth (e.g. climate change, poverty), and skills that can be used to address these challenges. The present study found links between indicators of wellbeing (e.g. self-efficacy, self-esteem) and citizenship (e.g. community belonging, social trust, participation, social justice orientation, and volunteering, though not voting). Furthermore, the results indicate that both wellbeing and citizenship can be significantly increased through the events in question (n=476, 181 males), compared to other youth events (n=141, 77 males). The poster will discuss aspects of the events and psychosocial variables that predict these increases and implications.

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Poster Board 1

Principles and practice of psychological reporting in the Family Court

Debra Ridgway, VUW Student

The purpose of this research is to place the role of the psychologists report in the Family Court, with respect to the current practice and potential changes that might be introduced by the Bill currently before Parliament. The research will be a dual study to bring the two aspects of law and psychology together at the interface where they meet in the Family Court. The study will first review a number of Care of Children Act 2004 (CoCA) cases and from that review collate factors that are determinants in case outcomes currently in practice and how they will translate in the new Bill. The second part of the study will be an analysis of interviewed comments from current practitioners both lawyers and psychologists on those determinants and the

interviews will also attempt to capture these experienced practitioners views on the changes proposed by the new bill before Parliament.

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Poster Board 2

Child behaviour and parental stress two years following the Christchurch earthquakes

Terri E. Motraghi, MSc, Fulbright New Zealand; University of Canterbury

Gail T. Gillon, PhD, University of Canterbury

Marleen F. Westerveld, PhD, University of Canterbury

Recent reports from the Canterbury Primary School Association suggest the Christchurch earthquakes have had a significant effect on the behaviour of young children, particularly on their entrance to primary school. The nature of this relationship is unclear; though child behavioural difficulties and parental stress may compound the troubles of families who continue to live in a highly tense environment with ongoing home repairs, extensive roadworks, disputes with insurance companies, and financial strain.

This project is designed to better understand the relationship between parental stress and child behaviour in a small sample of Christchurch families. Parents of 11 kindergarten children in the worst-affected areas of Christchurch will participate in an interview and complete questionnaires related to ongoing earthquake effects, parental stress and child behaviour. Child observational and communication assessment data will also be collected. These findings will highlight the complexity of post-earthquake parent/child interactions. Recommendations for collaborative interventions will be presented.

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Poster Board 2

child response to language intervention following a natural disaster: A case series

Terri E. Motraghi, MSc, Fulbright New Zealand; University of Canterbury

Gail T. Gillon, PhD, University of Canterbury

Marleen F. Westerveld, PhD, University of Canterbury

Oral narrative language skills are crucial for children's academic success and socio-emotional wellbeing. However, children with language impairment often struggle with telling fictional and personal stories. This struggle may be heightened following a natural disaster (Wolmer, 2005). This study extends previous research through investigating how children respond to oral narrative intervention in a post-disaster environment where there are ongoing disruptions in their kindergarten and home situations. Two Christchurch kindergartens affected by recent Canterbury earthquakes were invited to participate in a single subject

Poster Abstracts

designed study. Three children met inclusion criteria for language impairment and participated in a 12 session oral narrative intervention. Pre-test, weekly probes and post-test data will be presented. Results from this study will emphasize the unique challenges of implementing an intervention in the post-earthquake environment. Recommendations for building dialogue between psychologists, speech-language therapists, teachers and parents to support children with language impairment post natural disasters will be discussed.

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Poster Board 3

Psychological effects of the 2010 and 2011 Canterbury earthquakes and aftershocks in clients with anxiety disorders

*Caroline Bell, Anxiety Disorders Service, Canterbury District Health Board
Helen Colhoun, Anxiety Disorders Service, Canterbury District Health Board
Ron Chambers, Anxiety Disorders Service, Canterbury District Health Board
Sarah-Eve Harrow, Anxiety Disorders Service, Canterbury District Health Board
Claire Gilbert, Anxiety Disorders Service, Canterbury District Health Board
Terri E. Motraghi, Fulbright New Zealand; University of Canterbury*

Due to the unpredictability of natural disasters, relatively few studies have been able to report data on pre-disaster psychological functioning. However, limited research suggests that individuals who have a pre-existing anxiety disorder diagnosis may be more likely to experience heightened posttraumatic stress reactions following a natural disaster. This cross-sectional study aims to assess the impact of the 2010 and 2011 Canterbury earthquakes and aftershocks in a clinical population with anxiety disorders, assessed two years after the Canterbury earthquakes. Participants were adults (ages between 18 and 64 years) who were current patients of a specialist anxiety disorders service and who consented to participate. Participants completed questionnaires related to post-traumatic stress disorder depression, anxiety, stress, alcohol and substance use, social adjustment and resilience. Findings regarding psychological symptomatology in those diagnosed with an established anxiety disorder prior to trauma exposure will be presented.

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Poster Board 3

The effects of a story grammar intervention on preschoolers' story retelling, language production and language comprehension skills: A randomised controlled study

*Terri E. Motraghi, MSc, Fulbright New Zealand; University of Canterbury
Maria Evangelou, University of Oxford*

Trina D. Spencer, Northern Arizona University
Narrative skills are crucial for children's language, literacy, and socio-emotional development and are especially important during preschool, where children encounter narrative through storytelling, show-and-tell activities, and books. Evidence suggests story grammar interventions improve children's storytelling skills. However, few studies have examined if such interventions can promote children's general language growth. Thirty-eight children (ages 4 and 5) from two UK classrooms participated in this study. Data collection occurred at pre-test, post-test, and one-month follow-up. Participants were randomly assigned to a 12-session story grammar intervention group (n=18) or a control group (n=20). Although children's expressive language showed immediate improvement on a general measure of language growth (p=0.051), these gains had diminished at the one-month follow-up. No significant gains were found for general verbal comprehension. At post-test, the intervention group had made significant gains in story retelling (p=0.00), which were retained. Results suggest this intervention is effective for improving children's story retelling skills.

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Poster Board 4

Using Cognitive Behavioural Therapy (CBT) in the treatment of anxiety, depression and low self-esteem: Two Pasifika case examples

Dr Mark Franks, Clinical Psychologist, Lotofale Pacific Island Mental Health Service, Auckland District Health Board

Cognitive Behavioural Therapy (CBT) has the most extensive evidence base of any psychological therapy. However, there are no published reports regarding its application and effectiveness with Pacific Island people. This poster presentation outlines two Pasifika clinical case examples of where CBT was used successfully in the treatment of common mental health problems. The cases include a male Samoan and a female Cook Islander, who presented to a Pacific Island Mental Health service with depression, anxiety and underlying low self-esteem. They received 8 and 12 sessions of CBT respectively. Upon completing CBT both patients displayed a clinically significant improvement in symptoms. Clinical outcomes were assessed using the Patient Health Questionnaire (PHQ-9), the Generalised Anxiety Disorder scale (GAD-7) and patient self-reports. Whilst CBT was developed in Western cultures, this should not deter healthcare professionals from using CBT with Pasifika people. CBT should however be delivered in a culturally sensitive manner.

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Workshop Abstracts

Friday 6th September workshops

Developing Non-Arbitrary Categories for Sexual Offender Risk Communication: Construct Validity and the Quantification of "Riskiness".

Presenter: R. Karl Hanson

Please see page 10 for Karl's bio.

Risk assessment is an essential role of psychologists working with offender populations. Thorough evaluations typically involve extensive effort, including interviews with the offenders, file reviews, collateral contacts and the scoring of structured risk assessment instruments. The results of such assessments are often summarized in one of three words: low, medium or high risk. Although both evaluators and decision-makers like these nominal risk categories, they are essentially arbitrary, in that they do not share a common meaning across different settings and jurisdictions. An offender who is low risk in the context of conditional release decisions may be unacceptably high risk to run a daycare. In this workshop participants will have the opportunity to explore and discuss current practice, and develop options for improving risk communication using non-arbitrary language. There are two broad approaches to defining risk categories. The first approach, favoured by proponents of structured professional judgement, defines risk in terms of the presence or absence of clinically-significant problems worthy of treatment and supervision resources. The credibility of statements comes from the research on the construct validity of the assessment measures. For example, a statement that an offender has paraphilic sexual interests requires a theoretical definition of paraphilia, as well as evidence of the reliability and validity of the specific assessment procedures used. Given the problem with self-report among sexual offender populations, this workshop will focus on the utility of using offence history and other externally observable behaviors to identify psychologically-meaningful risk factors.

The second approach to defining "riskiness" quantifies the prediction information contained in structured risk scales. In general, prediction tools contain two types of information: relative and absolute risk. Relative risk concerns the extent to which recidivists are different from non-recidivists. Relative risk can be quantified by percentile ranks and risk ratios. For example, an offender can be described as being in the top 10% in terms of risk of violence, or 4 times as likely to re-offend with a violent offence than are offenders in the middle of the risk distribution. Absolute risk concerns the recidivism rate of the group to which the offender most closely belongs (40% over 5 years).

In this workshop, participants will learn the general concepts needed for non-arbitrary risk communication, and apply these concepts to risk assessments for sexual offenders based on the following structured risk assessment tools: Static-99R, Static-2002R, STABLE-2007, ACUTE-2007.

The Compassionate Use of Exposure Strategies in Acceptance and Commitment Therapy (ACT)

Presenter: John P. Forsyth

Please see page 8 for John's bio.

Understanding the application and integration of exposure-based strategies within an ACT approach is essential for effective ACT work.

ACT teaches clients how to be with their hurts and do what works—to live well, richly, and meaningfully, without first having to defeat or eliminate sources of emotional and psychological pain. This is often challenging for both therapists and clients alike, and without a solid grounding in the compassionate use of exposure, these efforts can easily fail or backfire.

This 1-day workshop, offered by one of the world's leading experts in the field of ACT and Anxiety disorders, is for health professionals who are already familiar with the basics of ACT and wish to further enhance their knowledge, skill, and clinical sensibilities using exposure-based strategies within the ACT model. The main focus will be on anxiety and fear, but additional attention will be devoted to other sources of pain (e.g., anger).

The workshop will cover traditional cognitive-behavioral (CBT) exposure strategies, and then show how they are modified, framed and applied within ACT. Thus, this workshop will go more deeply into the nuanced application of exposure-based interventions within ACT, and its use in helping those suffering from anxiety, depression, and other related clinical concerns.

This workshop will use a combination of didactic and experiential activities. The exercises will highlight a gentle and compassionate stance when using exposure strategies in the context of mindfulness, acceptance, and values work. Participants will be encouraged (but never forced or coerced) to engage the material at a personal level, as it applies to their own lives, and then also in the context of their clinical work. Worksheets and other practical tools will be provided. You Will Learn How To:

- Conceptualize and apply exposure-based strategies in a traditional sense (CBT), and then in the context of ACT;
- Frame exposure exercises within ACT
- Address and overcome client resistance
- Help clients move from a stance of unwillingness to one of willingness
- Infuse exposure strategies with loving-kindness and self-compassion
- Create a healthy space for exposure work while moving clients in the direction of their chosen values and life goals

Workshop Abstracts

Bringing Stepfamilies into the Fold: An update on Research and Policy

Presenter: Jan Pryor

Please see her bio on page 12

This workshop will discuss the clinical implications of recent research about stepfamilies, including pathways to stepfamily living, intergenerational relationships, relationships within and across households, and wellbeing of children in stepfamilies.

The workshop will be in three parts. First, based on recent research it will address prevalence of stepfamilies, and family dynamics. Second, it will discuss diversity, including same-sex families and cultural differences. Finally, it will discuss two current clinical models widely used in the US – those of Patricia Papernow, and Scot Browning.

The workshop will draw on work done for a textbook on stepfamilies written recently by the presenter and to be published later this year.

Common Sleep Disorders and their Treatment

Presenter: Alex Bartle

1. What is sleep? The basic physiology of sleep
2. How to approach the assessment of sleep and sleep disorders
3. Practice assessment with a partner
4. Circadian rhythm disorders and their treatment, especially the Delayed Sleep Phase of teenagers
5. Treatment of insomnia CBT(i) vs Medication
6. The parasomnias
7. Final assessment

Presenter

Dr Bartle, MB BS (Lond), Dip.Obst.(Auck), MMed (Sleep Medicine) (Syd). FRNZCGP, was a GP in Christchurch for 30 years, and since 2000 has been running a Sleep Medicine practice. In 2007 Dr Bartle left general practice and now runs Sleep Well Clinics throughout New Zealand, offering assessment and treatment of all sleep disorders.

In addition to the clinics, Dr Bartle has been a speaker at a number of national and international conferences, and runs seminars for Government organisations, industry, and general practice groups around New Zealand on sleep disorders and shiftwork management.

Dr Bartle is on the education committee of the Australasian Sleep Association, and an inaugural member of the Asia Pacific Paediatric Sleep Alliance, involved with research into children's sleep. He was a co-author of the NZ Guidelines for Sleep Disordered Breathing in children, and has published papers on children's sleep, and sleep in undergraduate Medical Education.

He Ritenga Whaimōhio: Culturally responsive evidence based pathways in

psychology

Presenter: Sonja Macfarlane

Culturally responsive psychology must surely be the pinnacle of best practice for psychologists in Aotearoa New Zealand who are working with Māori. A range of key questions are regularly reflected on as we search for the most appropriate and responsive strategies and approaches: What key concepts and values need to underpin and guide thinking and action? What approaches and strategies are more meaningful and relevant? What variables contribute to how Māori may think, feel and behave?

In this presentation, key philosophical considerations that are kaupapa Māori will be drawn on in terms of their relevance to the discipline of psychology, and in the light of culture and lived experience. Notions about evidence based practice will be discussed. A theoretical framework (Tō Tātou Waka) that promotes the blending of clinical and cultural streams of knowledge will be presented. Ultimately, a Treaty-based model (Te Pikinga ki Runga) will be offered as an example of how psychological practice may be guided by three key principles of best practice.

Presenter

Sonja Herahine Macfarlane affiliates to the south island iwi (tribe) of Ngāi Tahu. Her hapū (sub-tribe) is Ngāti Waewae, from the Arahura district on the West Coast. Sonja is an experienced educationalist, whose conviction for improving outcomes for students at risk of educational failure has seen her move from classroom teacher, to Resource Teacher of Learning and Behaviour (RTLb), to Special Education Advisor (SEA), to the national Professional Practice Leader of Services to Māori (Pouhikiahurea) in the Ministry of Education, Special Education. In 2011, she assumed a lectureship in the School of Health Sciences at the University of Canterbury; a position that focuses on Māori health and well-being, psychology, counselling, and special education. Sonja's teaching and research concentrates on enhancing the social, cultural and educational outcomes that are achieved by learners who are Māori, by strengthening specialists' professional practice. Her PhD research explored the key components of culturally responsive evidence based special education services for Māori.

Autism Spectrum Disorder and Adolescence: Managing this Period of Change

Presenter: Tanya Breen

Adolescence often presents teens, parents, and families with significant challenges. Add autism spectrum disorder (ASD) to the mix, and the challenges multiply. In this interactive workshop, adolescence and ASD will be explored, with a focus on how the participants can assist clients and their families and support teams through this challenging time. In addition to strategies that enhance adjustment to the physical changes, the emotional changes and new social

Workshop Abstracts

demands of evolving friendships, deeper relationships, sexuality, will be covered, concluding with transition into adulthood.

We'll consider: how adolescence and related issues present in ASD; what clients and their families need to know in order to prevent or respond early to issues; when they need the information and support; what preventative and reactive strategies are useful; and where to source further information for psychologists, clients, families, support staff and teachers.

Prior to the workshop, participants will have an opportunity to submit specific questions and scenarios to the presenter, and these will be discussed during the latter part of the workshop.

Presenter

Tanya is primarily a behavioural and cognitive-behavioural psychologist. She specialises in working with and for people who have an autism spectrum disorder or disability. Tanya works with people and their families, carers, and wider support systems. Tanya consults to agencies, NGOs and Ministries on autism spectrum disorder and disability issues. As Clinical Consultant for Altogether Autism, Tanya is up to date on national and international developments.

Tanya works within the New Zealand court system as an expert witness when people with autism spectrum disorder or other disabilities are complainants, defendants, or subject to Court orders.

Tanya is a competent public speaker, and frequently presents at national and international conferences.

Major projects that Tanya has recently been involved in:

1. Development of www.nzgg.org.nz/asd
2. Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003
3. New Zealand Autism Spectrum Disorder Guideline (2007)
4. New Zealand Autism Spectrum Disorder Guideline: Implementation Advisory Group (2007 - 2010)
5. New Zealand Autism Spectrum Disorder Guideline: Specialists' Training Package (2009)
6. Working with People with Autism Spectrum Disorder: An Interim Guideline for Ministry of Health Needs Assessment and Service Coordination Organisations (2009)

NZPsS hosted workshop

Living Beyond Your Pain: ACT for Pain Management

A two day workshop presented by

Dr JoAnne Dahl

Auckland 17 & 18 October 2013

Christchurch 21 & 22 October 2013

Chronic Pain is a major health problem and has high comorbidity with depression and other psychological problems. ACT (acceptance and commitment therapy) is an evidence based therapy for pain management. ACT targets ineffective control strategies and experiential avoidance. People learn to stay in contact with unpleasant emotions, thoughts and painful sensations. ACT entails three main treatment principles: Opening up to any private events such as thoughts, sensations and emotions, Becoming aware of the true nature of thoughts and sensations and actively engaging in a valued direction.

This is an experiential workshop combining theoretical and practical exercises with the aim of both introducing and deepening all of the core processes of ACT. This workshop will help you to learn how to strengthen your own experience of these processes helping you in your personal life as well as helping you help your client. This workshop will provide a theoretical understanding, demonstrate practical examples and invite you to experience each of these processes.

Dr JoAnne Dahl is a Professor of Psychology at the University of Uppsala, in Sweden, a license psychologist and psychotherapist, a recognized ACT trainer who has authored 5 books on ACT and two of which focus on ACT and treatment of chronic pain along with 40 scientific articles. She has a 30 years of clinical and research experience working with clients with chronic pain.

For more information please contact Heike at 04 9141983 or pd@psychology.org.nz or go to our website: http://www.psychology.org.nz/NZPsS_Prof_Dev

Conference Notes

Conference Notes

Conference Notes
