The New Zealand
Psychological Society
Te Rōpū Mātai Hinengaro o Aotearoa

Psychology Aotearoa

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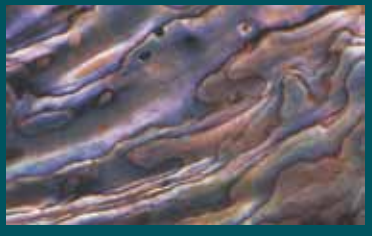


Kia ora and welcome to *Psychology Aotearoa* the official twice yearly publication of the New Zealand Psychological Society. *Psychology Aotearoa* aims to inform members about current practice issues, discuss social and political issues of importance to psychologists, celebrate the achievements of members, provide a forum for bicultural issues and highlight research and new ideas relevant to psychology. It also aims to encourage contributions from students, hear the views of members and connect members with their peers.

Being part of *Psychology Aotearoa*

We welcome your contributions to *Psychology Aotearoa*. We are looking for submissions related to psychology which readers will find stimulating and can engage with. This can include items on practice and education issues, social and political issues impacting on psychology, bicultural issues, research in psychology, historical perspectives, theoretical and philosophical issues, kaupapa Māori and Pasifika psychology, book reviews, ethical issues and student issues.

For more information on making submissions to "*Psychology Aotearoa*" – go to www.psychology.org.nz/Psychology_Aotearoa

The New Zealand
Psychological Society

Te Rōpū Mātai Hinengaro o Aotearoa

The New Zealand Psychological Society is the premier professional association for psychologists in Aotearoa New Zealand. Established as a stand-alone incorporated society in 1967, it now has over 1500 members and subscribers. The Society provides representation, services and support for its New Zealand and overseas members.

Psychology Aotearoa is the Society's member-only periodical published twice a year. It contains articles and feature sections on topics of general interest to psychologists including the teaching, training and practice of psychology in Aotearoa New Zealand, research and new developments in psychology, application of psychology to current and social and political issues.

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President's Korero—Kerry Gibson

We have recently been re-invigorating our relationships with other international psychology associations to explore how we might better share our resources in areas of common interest. To this end we have had conversations with the new president of the Australian Psychological Society, Mike Kyrios and Lyn Littlefield who is the executive director. We also spoke with Greg Neimeyer who was out here to run the highly successful workshops on the DSM-5 that some of you would have attended. He has an influential role in the American Psychological Association as the Director for Continuing Education and Professional Development. They say size doesn't matter, but during these conversations I could not help but be conscious of the difference in scale between our own organization and these other much larger enterprises. We have a healthy membership of some 1500 members and are the largest organization for psychologists in New Zealand - but the APS has over 20,000 members and the APA is reported to have a daunting 137,000 members. It seemed clear to me that we might benefit from a better link with these organisations but I was less sure whether they would feel that they had something to gain by the association.

However in the course of our discussions I was surprised to hear that these large professional organisations were not only aware of our existence but were apparently very impressed with some of the work we had done. In particular it seemed that our efforts in the area of biculturalism had made a significant impression in the international arena. Both the APS and APA acknowledged the importance of the ground-breaking work done in this country on culture and indigeneity. They also recognized that they had not always done well in these areas themselves and spoke about their wish to learn from our experience.

Our strengths in this area have also been upper-most in my mind since recently attending a whakatau for a task group of the International Congress on Licensure, Certification and Credentialing in Psychology (ICLCCP) which has the ambitious aim of developing competencies for psychologists that can be applied internationally. This task group consists of a number of eminent international psychologists who were invited to hold their meeting in Auckland at the invitation of the two New Zealand-based members; Steve Osborne, CEO of the New Zealand Psychologists Board and Moana Waitoki who is the Bicultural Director on the executive of the NZPsS. Given that members of the task group were nominated from a large international forum, it would be considered an achievement for New Zealand to have any representation at all but to have two members is more than any other country. Moana was asked to be a part of this group because of her particular knowledge about, and representation of, indigenous issues and culture. Her role has involved some considerable work to ensure that appropriate priority was given to culture and indigenous frameworks in the framing of psychological competencies.

She, together with Bridgette Masters-Awatere and Rose Black provided some insights into the early challenges of this experience in an article published in *Psychology Aotearoa* at the end of 2013. When the task group met in Auckland last month it was an opportunity to show our visitors something of Māori culture in practice. At the whakatau that was held to welcome them, something magical seemed to happen as they experienced rather than just heard about Māori tikanga. The warmth of the hospitality and the sense of connection that went along with it provided a solid basis for the groups' agreement that culture was fundamental to any definition of psychological competency.

New Zealand punches above its weight (as the saying goes) in many areas. Our rugby, cricket (although perhaps less so after the world cup final match), rowing and sailing, our beautiful natural environment and our admirable score in the Corruption Perceptions Index are all recognized internationally. But it is important to remember that our stand on biculturalism may also be providing a benchmark for the many countries dealing with indigenous peoples (and also other minority groups). In psychology our success in this area is a testament to many people, especially those who have been involved with the Society's National Standing Committee on Bicultural Issues (NSCBI). These efforts have also been supported by previous presidents of the Society, executive members and of course other individual members. Many of you have contributed to putting biculturalism on the New Zealand psychology agenda and, in the process, have helped to develop sophisticated models for engaging psychologically with indigenous peoples.

In New Zealand it can sometimes be difficult to see our own achievements – and as a relatively recent arrival I can take no credit for these – but I think it is important to stop sometimes and pat ourselves on the back for what has been accomplished. This is especially important as discussions of Māori and psychology tend often towards deficit without recognition of the value Māori models offer not just to Māori but to us all.

In this small celebration however I don't mean to imply that we should become complacent. There is much work to be done around making services more appropriate for Māori, about increasing the Māori psychology workforce and about challenging the social disadvantages that disproportionately affect Māori. But I do want to take a moment just to appreciate what has been achieved and to say thank you to those who have done this work on our behalf.

Editorial

Tēnā koutou colleagues,

Now the weather has changed no doubt this edition will be a welcome addition to your reading material. There are many interesting articles with again a connection of themes. Notable among them is the creative application of psychology to societal or environmental problems and the promotion of wellbeing. Evident too is the commitment psychologists have to addressing inequity and social injustices in all their forms which is inspiring to read. Associated is the call to raise the profile of psychology issued initially by Peter Stanley but this is threaded throughout other offerings. In my last editorial I raised the questions - what political actions we as a profession need to be taking? How can we have more of a voice in these agendas? What can we do to build our competence in this arena? Many of the contributions in this edition re-ignite these questions and suggest pathways.

An inspiring example of psychologists applying their own strategies to be more effective is the informal leadership approach described by David Semp to promote team cohesion and mutual respect using the principles of dialectical behaviour therapy within the complex and often conflictual environment of mental health services. David has worked on this approach for many years over the course of his career and we are thankful for his creativity and wisdom. Another example of applying psychological strategies in the more public environmental arena is that presented by Marg O'Brien. Marg asks some hard questions – how to get people to care about the environment and work together with oppositional groups to bring about change? Marg's perspective is that 'the country needs psychologists to help bring about these changes' and in so doing we need to demonstrate our skills in the 'psycho-social' aspect of behaviour change as it relates to environmental issues. This creative and innovative approach is courageous indeed.

On another note, Neville Blampied's keynote address from the 2014 conference provides a useful perspective to our work in relation to what we may 'count' as evidence. He presents an historical account of the history of the nomothetic approach to science and the more recent call to include a consideration of an idiographic approach to understanding human behaviour whereby differences

between individuals has greater status. This is pertinent at this point in history where solutions to complex problems (e.g. environmental) within human society are sought but simplistic answers are often preferred (e.g. by politicians, funders). The voice of psychology needs to gather strength to help society hear that we need approaches to our problems that take into account the individual and their experience. Blampied's commentary is helpful in drawing our attention to the folly of following one approach to science alone, an approach which might obscure vital detail and undermine our aim to provide effective or more complete, solutions to the problems of human behaviour. The qualitative research such as that presented by student writer Parewahaika Erenora Te Korowhiti Harris' is one such example.

Turning to other items, I read with interest Annette Hannah's account of her participation at the 2015 United Nations CSW-59 namely the global Commission on the Status of Women, held in Manhattan, New York City and am reminded yet again that we have not yet achieved progress with respect to the position of women in the world, let alone New Zealand. The sobering statistics of inequity were once a common topic of discussion in psychology and therapy circles but attention to issues of gender inequality appears to have declined in the past two decades. Alison Towns has been one who has held strong in her allegiance to studying this inequity and the harms that are associated with it. Her one-on-one interview is reflective of a career-long commitment to the prevention of gender-based violence and the associated violence against children. She is inspiring in her dedication to this field of study – be it with respect to practice, research, or policy. Alison has managed to make contributions to each arena and in so doing potentially reaches many lives. She too asks, why are not more of us more vocal on important social issues and debates?

Alefaio-Tugia, Carr, Hodgetts, Mattson and van Ommen tackle one of the big issues in their article entitled: Ending Poverty and Inequality? Toward Psychologies of Sustainable Development. This article is presented in the context of setting sustainable development goals for the United Nations for the period 2015-2030. The field of psychology has been challenged to make more of an effort to research poverty reduction and disseminate this knowledge in a way that is more compelling to those that have influence. An effort toward that aim is presented by Alefaio-Tugia et al. by way of a case example around Pasifika peoples' global mobility and global migration.

This theme of inequity between majority and minority cultures within Aotearoa New Zealand is also featured in our student Parewahaika Erenora Te Korowhiti Harris' fascinating and brave masters research on Māori women's experience of bipolar disorder. The lived experience of the wāhine in her study included things like unstable and inadequate living conditions, difficulties in attaining and maintaining employment, poverty, and low education, all at times whilst they were unwell. An astounding amount of deprivation is described including huge compromises to their support networks. Interesting, as in Alefaio-Tugia et al's case example of a Pasifika networking approach, these whanau support systems were integral to pathways of recovery.

These systemic issues surrounding a key problem such as bipolar disorder is reflected in the approach of educational psychologists who, in an account of their meeting at the 2014 conference, describe their unique style of practice in Aotearoa/New Zealand. This echoes many of the values and aims put forward by many of our members. For example, they wish to seek stronger connections with the broader community of psychologists; strive to increase the number of Māori and Pasifika educational psychologists; establish a distinctly 'Aotearoan' practice that drew on Māori, Pasifika and Western psychologies and see more systemic work that focused on early intervention and prevention to help support increasing the skill set of the school staff. How this may look in practice is illustrated in an interesting interview with educational psychologist Val Bridge carried out by Student Forum Editor Kathryn Jenner.

Finally we have an interesting article featuring the diverse breadth and depth of the Russian Psychological Associations' history and involvements. This includes a range of arenas of interest from neuropsychology to sport psychology to the psychology of emergencies for example. This is not a country we often hear much about but who are open to collaboration.

In reflecting on these contributions I feel simultaneously inspired and challenged and I hope that the echoes in these writings are a source of sustainability to the work that so many of our members are engaged in, often with less visible rewards. Psychologists do indeed have a strong value base which is vital to the thriving of our profession.

Kia kaha,

Hei konā mai,

Fiona

CONGRATULATIONS to New Life Members

Each year the NZPsS Executive confirms and congratulates members who have completed 30 years of membership and have become Life Members of the Society or those who have been members for 20 years and in accordance with the NZPsS Rules have become Life Members through their outstanding contribution to the Society over an extended period.

Congratulations to the members listed below, three of whom have written about their psychology career journeys.

Patricia Champion
Helen Jerram
Tim Smithells
Peter Stanley
John Thickpenny

Helen Jerram

Whilst teaching in 1986, Helen Jerram began her training in psychology part-time and achieved First Class honours in her Master of Arts (Educational Psychology) at Auckland University followed by a Dip Ed Psych in 1988. Her Thesis for her MA was 'Content Feedback for Children's Expressive Writing'.
Helen commenced work in General Service Delivery as a psychologist with Special Education Services, Manukau in 1989 and later moved to the Remuera Office.
In 1992, wishing to contribute to child cancer and other serious childhood illnesses Helen approached the Department of Psychiatry and Behavioural Science at the Faculty of Medicine and Health Services with the intention of researching for a PhD. The impetus was a serious life-threatening illness in her eldest son at 15 years of age.

Helen completed her PhD in 2000 after 8 years part-time study and research in collaboration with Starship Children's Hospital, Kidz Trust, The Wilson Home and IHC Henderson. The outcome was a successful programme, 'The Strong Parents Strong Children Programme'. Entirely carried out from the parent's perspective this programme encouraged parental involvement in the management of their children with serious illnesses.
Helen continued the successful programme for three years with the support of Starship and the Child Cancer Foundation while still working with SES in Auckland. Helen, was eventually forced to relinquish the programe after suffering a serious illness herself.
Helen worked latterly in private practice. She contributed papers at:
The Annual Conference of, 'The Auckland Reading Assn' – 1987; the Annual Conference of, NZPsS – 1987; the Annual Conference of SIOP/ICCCPO in Brisbane – 2000.
Other invited contributions were given at three SES and one Psych Services In-Service courses in the 1980s.
Special projects while with SES were working with the Auckland Tertiary Network, The SES Working Party on Tertiary Level Service Delivery, Third Party Contracts and Protocols with Starship.
Helen retired in 2011. She retains a keen interest in children's expressive writing and particularly in the needs of parents with seriously ill children. She lives with her family in Auckland enjoying and encouraging the progress, of her children and grandchildren.

Dr Peter Stanley

A long while ago, when I was living in Hamilton, I came across an advertisement for the Canadian Defence Force which read something like: "You know that you are going to come to us, and really it is only a question of when." That pretty much sums up my relationship with psychology.
For me, becoming a psychologist was effectively predetermined. However, I rough-hewed progress to that end by becoming, as well, a police constable, probation officer, primary teacher, secondary teacher, guidance counsellor, and university lecturer. So are psychologists born or made? There's no doubt in my mind that the environment controls the game, and that we are mostly made by the families that we are born into.
Whatever, I have had a lot of satisfactions working as a psychologist in education and in championing counselling psychology as an additional specialty. I was employed by the old Department of Education's Psychological Service when Dr Don Brown was shaping the future through university scholarships. I subsequently worked for the Special Education Service, Specialist Education Services, and (most recently) for the Ministry of Education. Properly done, educational psychology is a wondrous discipline but it is also extraordinarily demanding because there are multiple clients and relationships (the student, the teacher, the school, the parents, and MOE as a minimum) and the

work is in natural settings rather than in a clinic. In my view, educational psychology as a profession deserves greater acknowledgement for the complexity of its work and its unique capacity for child and family advocacy.
In the mid-1990s Dr Kerry Gibson, Professor Bob Manthei, and I did the ground work to establish counselling psychology in this country. We wrote a series of articles that drew some fire from colleagues (who are friends now I hope), the AUT postgraduate programme got underway, the Institute of Counselling Psychology was set up, and an application was submitted to the Psychologists Board for a vocational scope for the specialty. There are things about counselling psychology that make it very special and particularly relevant. In addition to the phenomenological emphasis, counselling psychology is concerned with everyday problems as well as serious problems of living. It also has a strong prevention emphasis and, as we know, it is so much easier to intervene early in the life of a problem rather than later when it has developed an independent life of its own.
I believe in psychology, which is a bit of a paradoxical thing to say. I think that psychology has an unparalleled capacity to contribute to the amelioration of many of the problems that confront our society. However, I am concerned that psychology does not have the profile, or the real confidence, that it should have. We are the victims of external assaults from managerialism and paraprofessionalism, but some of our own attempts to promote identity (like scopes, and the presence of two professional organisations) have contributed to splintering. I believe that a major advance in putting our divided house in order would be for us to vigorously promote, and defend, stand-alone psychological services within all relevant government agencies (DHBs, MOE, CYFS, ACC, Corrections, and Defence). These services could be the bulwarks for psychology as a composite profession, and particularly if they employed psychologists of all specialisations on the basis of their distinctive contributions rather than their designations. The interim is ours to set things right.

John Thickpenny

In my final year of High School I was a little lost for direction after finding that my eyesight was not good enough to be accepted for training as a pilot in the Air Force. Unfortunately I had no particular plan B and so decided to tag along with a friend who was off to teachers' college. My first year of teaching was uninspiring. Then I took on a class of special needs children and this led to my training as a teacher of the deaf. At Kelston Deaf Education Centre I was placed with a class of adolescents who had multiple issues/needs additional to their hearing impairment, the result I believe of their early educational experience under an oral system. This led to my taking a position at Queensland School for the Deaf, where signing was utilised. After one year in the classroom I was offered an itinerant role working with mainstreamed hearing impaired children. While working in this role I completed a double major in psychology at Queensland University and came to see that a career in psychology was for me.
I returned to Auckland and underwent training as an educational psychologist. My interest and involvement in working with the hearing impaired continued. At that time mental health services for the adult deaf population were minimal and I found myself increasingly involved with hearing impaired persons who were presenting in forensic and mental health settings.
It has been about 25 years since I established a private practice. I had been taking assessment and counselling referrals from the Family Court since its inception and this along with GP referrals became a mainstay of my private work. My practice (Howick Psychology) has grown over the years and I currently enjoy working alongside a vibrant group of clinical psychologists. I have been very fortunate to have my daughter Dr Kirsten Davis participating in our practice.
In earlier years I served on the Executive for the Society. I was the first Director of Social Issues for the Society and enjoyed working alongside some very capable people who were heading NZPsS at that time. One initiative in this period was a scheme for making literature searches available to members on a cost-effective basis.
During my time working as an educational psychologist I became interested in the teaching of thinking skills and with the encouragement of Dr Dorothy Howie I undertook training in the methods developed by Israeli psychologist Professor Reuven Feuerstein. With Dr Howie I established a training centre for Feuerstein's Instrumental Enrichment method and for a number of years we were involved in training parents and teachers from throughout the Pacific region.
My plans for the years ahead include reduced involvement with Howick Psychology and increased time for family and activities, such as getting out on the road in our motorhome and working with my grandson, who ironically has special needs that include hearing impairment.

Gifted women and men define success differently

A four decade study of mathematically talented adolescents found that by midlife these individuals were highly accomplished and enjoying a high level of life satisfaction. A longitudinal study of mathematically precocious youth (https://my.vanderbilt.edu/smpy/)is being conducted at the Vanderbilt Peabody College of education and human development.

Participants (1037 males, 613 females) were identified in the 1970s as gifted, being in the top 1 per cent of mathematical reasoning ability by about 13 years of age. The two groups are now aged 53 and 48 years. Gender differences have been noted in the study in a number of areas. Women from the gifted group were more often employed in general business, education, health care or were homemakers. Men were more likely to be CEOs or be employed in fields associated with IT, science, maths, engineering or technology and enjoyed higher salaries. The men in the group valued full-time work, making an impact and earning a high income and the women as a group valued part-time work more often as well as family and community involvement/service and time for close relationships. Men were more focused on advancing society through knowledge or creation of concrete products whereas women were more interested in keeping society vibrant and healthy. However both men and women overwhelmingly agreed that family was the most important factor in a meaningful life both citing family as their main source of pride. Women made investing time and emotional energy the priority in relation to family and men focused more on making tangible contributions.

Source: Joan Brasher-Vanderbilt University http://news.vanderbilt.edu/author/joanbrasher/

Family therapy should be considered for schizophrenia?

Writing in the "Cochrane Corner" in the New Zealand publication, *Journal of Primary Care*, Megan Arroll notes that schizophrenia affects around 1% of the population worldwide. She states that the most common form of treatment is antipsychotic medication alone or in combination with psychodynamic counselling and pharmacotherapy. The side effects and efficacy of antipsychotic medication is questioned in relation to negative symptoms. Arroll notes that approximately a third of patients do not respond to antipsychotics and that a Cochrane Review, found "promising results" from family therapy but she noted that there is a need for further studies to determine the strength of the effectiveness of this therapeutic approach. Arroll considers that "due to the limited treatment options for patients with schizophrenia and the lack of harms associated with this treatment, family therapy should be considered as an addition to antipsychotic medication".

Study: Okpokoro U, Adams CE, Sampson S. Family intervention (brief) for schizophrenia. Cochrane Database Syst Rev. 2014(3):CS009802

Source: Megan Arroll Cochrane Corner Family therapy should be considered for patients with schizophrenia. Journal of Primary Care, Vol 6 (4) Dec 2014 p339

Clot retrieval therapy- a new frontier in ischaemic stroke care?

Stroke medical specialist Alan Barber, Director of the Auckland City Hospital stroke service director believes that clot retrieval therapy is the biggest improvement in stroke care for 20 years. The procedure involves inserting a catheter in the groin and feeding it up into the brain where a clot is captured and sucked out. The therapy allows for between 10 - 30 per cent of proximal arteries of the brain to be opened up with clot-busting tissue plasminogen activator tPA into the vein. These new techniques open up 70 per cent to 90 per cent of the arteries allowing brain tissue to live. The procedure needs to occur within 6 hours of the stroke occurring. A study reported in the *New England Journal of Medicine* indicates that in a sample of 35 patients who underwent clot retrieval 100 per cent were reperfused at 24 hours compared with 37 per cent of the 35 who patients who received tPA only. And 71 percent of those who had clot retrieval achieved a normal or near-normal score in functional independence, compared with 40 percent in the tPA group. For more information see Endovascular therapy for ischemic stroke with perfusion-imaging selection, *New England Journal of Medicine*, 11 February online http://tinyurl.com/p3b2vzs

Source: 'Virginia McMillan. "Clot Retrieval therapy results talk of the town for stroke treatment". New Zealand Doctor. 4 March, 2015 p11

Important themes from new Māori research

Three new Māori mental health research reports have been launched. These are *Taiohi Māori mental health and well-being: The relationship between Māori youth workforce participation and mental health* (Te Pou); *Māori experiences*

of bipolar disorder: A pathway to recovery (Te Pou); *Hikaka te Manawa: Making a difference for rangatahi* (by Te Rau Matatini). In launching this research, Mason Durie noted five important themes across the three pieces of research:

1. Cultural identity for Māori is critical. Māori youth need to have a secure cultural identity. Ideally, health practitioners tailor their approaches to engage with each person's cultural identity.
2. Whānau relationships are integral to the world of Māori. Youth and whānau are linked, they cannot be separated.
3. Two key aspects of workforce development were highlighted. Firstly, young Māori have many skills valuable to the workforce. They need support to strengthen, refine and highlight those skills to gain well-matched employment. Secondly, the workforce needs to be better equipped to support both young people's mental health and cultural needs.
4. Changes need to be made through collective impact, as the health sector on its own can't make enough change. Health services need to lead in some areas, but contribution from corrections, social services, education, primary health and other sectors is needed for effective and sustainable improvements for Māori.
5. Early prevention needs to be a key strategy to reduce the negative mental health impacts that result from poverty, education failure and poor housing. Everyone should contribute to an environment where young people feel safe, have a sense of belonging and success.

Source: Heather Kongs-Taylor and Jane Vanderpyl - Kawerongo hiko-e-bulletin, Te Pou O Te Whakaaro Nui 10 March 2015

Psychology Aotearoa- the next edition will be published mid-November

We welcome your submissions – deadlines are **September 1** for research/theory based manuscripts which will be peer reviewed- **October 1** for all other contributions.

For information on making a submission go to www.psychology.org.nz/publications-media/psychology-aotearoa

We are interested in receiving items relating to (but not limited to)

- Hearing your views on professional and social issues
- Your research in progress/research outcomes
- New practice ideas
- Theoretical/philosophical issues
- Workforce development issues
- Career issues
- Kaupapa Māori psychology issues
- Bicultural issues
- Pacific peoples' psychology issues
- Teaching and learning issues
- Historical perspectives
- Letters to the Editor
- Newsworthy events/people
- Ethical issues
- Psychology in the media
- Psychology in popular culture
- Celebrations
- Book/article reviews
- News items
- Member network news
- Overseas issues

Working for the environment: The potential use of our psychological expertise – one personal view.

Marg O'Brien

Marg can be found working either as a Nelson based social ecologist (concerned with the relations between humans and their environments) or on her lifestyle block out in the Kenepuru Sound. In the last few years she has led government funded research on the development of sustainable settlements and particularly the networks that create community resilience. She's also been involved in research on collaborative governance in the management of freshwater; the use of Mātauranga Māori in the Resource Management Act process; and the 'people' side of marine biosecurity. Prior to this, Marg taught on human behaviour, counselling and environmental studies courses; spent some years on conservation research and became involved in organic farming. Initially trained as a clinical and social psychologist at Canterbury and then London University she transferred her psychological skills to the people-environment context in the late 80s. She is now helping progress the work of the recently established NZPsS think tank on climate change and sustainability psychology.

How do we encourage people to care about the environment? How do we best negotiate the concerns about use of 1080 in possum control? How do we overcome the huge objections to new developments? How will people reach agreements about high rise buildings in their area, or new hydro-dams or aquaculture developments? How will people reduce their energy and water use, or shift to solar? Or use their cars less and bike more? …And how will we prepare people to face the turbulent times expected in a climate changed future?

The country needs psychologists to help bring about these changes – but first we need to show that the skills we have and the wisdom we gain from working on behavioural change issues are relevant to environmental problems. Increasingly, understanding the 'people' side of an environmental issue is as important as understanding the environmental issue itself. And increasingly, engaging people in matters of sustainability is seen in psycho-social terms. Understanding and knowing how best to work with people is crucial in both defining the problems and creating the solutions.

How can we, as psychologists, best give effect to this work? Last year, at the AGM of our New Zealand Psychological Society held at the annual conference in Nelson, there was an over-riding acceptance of the 'South Island' Remit[1] on the NZPsS's role and responsibility regarding climate change and sustainability issues[2]. I had initiated the development of this remit because, from my experience as a psychologist working at the people-environment interface for close to thirty years, there is an urgent need for psychological 'know-how' on how people are involved and respond to environmental change. If we do not accept this challenge then the work will go to economists, ecologists, geographers and other environmental scientists who are rapidly developing behavioural change skills. While an inter-disciplinary approach is to be lauded, we as a profession need to be involved. So this is the first of a series of articles and papers on this issue, with this article reflecting more of the background that led to this remit.

The NZPsS Executive has set up a 'Think Tank' to progress the work on the Society's role and responsibility regarding climate change and sustainability issues. It is early days but our hope is that many will contribute to answering this question over the next months, coming as we do, from a diversity of backgrounds and work experience. There are those among you who may well have moved into this type of work – some into academic positions and others into policy and planning roles. We are interested in hearing from you and look forward to further discussion over the next few months. Meanwhile, there is work being done that may stimulate our thoughts on the matter.

1 Note that the Remit was adapted from the work of the American Psychological Association (August 2009) Policy Recommendations of the APA Task Force on the interface Between Psychology and Global Climate Change. www.apa.org/science/about/publications/policy-recommendations.pdf

2 Note that the definition of sustainability covers development "…that ensures that it meets the needs of the present without compromising the ability of future generations to meet their own needs." World Commission on Environment and Development (1987) Our Common Future. p.16. http://www.un-documents.net/our-common-future.pdf

The NZPsS Executive has set up a 'Think Tank' to progress the work on the Society's role and responsibility regarding climate change and sustainability issues

Working with Engagement

For many years the Department of Conservation has been concerned about involving the public in the conservation and enjoyment of our natural environments. Experiential involvement (often with groups) has been a key ingredient in their success. As David Attenborough (2010) has remarked 'no one is going to care about what they have never experienced'. How true. It is the experience we have in the outdoors that builds on our sense of place and sense of identity[3]. In my early years, I was fortunate to work on a number of research projects that fostered a pro-environmental attitude and facilitated engagement. These projects included:

- the therapeutic use of outdoor experiential processes in generating behavioural change;
- encouraging involvement of women in conservation;
- understanding the public perceptions and consequences of possum control;
- the building of social capital through conservation involvement; and
- working with landowners on stream and river bank protection to ensure water quality[4].

As psychologists we can do more to utilise the positive effects of outdoor experience on the well-being of both people and their environment. So, I am concerned when I hear that our young people spend less and less time outdoors[5] at a time when we most need to understand the depth of our dependence on our natural world.

Working with conflict

Engagement with the environment brings its own issues. The more we care for the environment and our role within it, the more concerned we become about our rivers, lands and oceans and how these natural resources are used. We are more likely to engage in conflict over what we value. There are, for instance, ongoing conflicts about how the conservation estate will be protected with the use of 1080 and just how strongly this is felt has been brought home to all of us in the recent infant milk powder scare[6]. There are also ongoing conflicts about how the lands will be utilised, with visitor access via walkways, mountain bike trails, gondolas, high speed trains and aircraft. Developments can be met with widespread community resistance. And if that is an issue now, how will conflicts be addressed in the future as demand increases for access to resources, e.g. for hydro-energy and aquaculture?

Already the issue of 'social licence', or the acquisition of community approval for resource development, is receiving considerable attention, whether for hydro-schemes, wind farms, aquaculture, or similar. Conflict over resource linked infrastructure development has cost the country millions in litigation[7] as communities and developers fight over potential solutions. For a small country this is a huge waste of resources… both in people's time and their financial resources. From a psycho-social perspective many of the strategies used by developers and communities to achieve their ends have appeared polarising and inadequate. The expertise of behavioural change professionals, like psychologists, could well have advised on effective and potentially 'win-win' ways forward. If future litigation is to be avoided it will be important for us, as psychologists, to market our skills in this direction, particularly as the requirements for fresh water, energy and food escalate with anticipated climate hazards.

Working for Collaboration

The conflicts have been bitter and the Government is keen to overcome these situations. There is recognition that new governance systems are needed that can better address the complex, interdependent nature of many public policy issues like fresh water management, that at the same time can be more responsive and accountable to a broader range of individuals, multiple agencies and private interests. Traditional command-and-control and prescriptive approaches to the management of natural resources have not provided the solutions to "wicked" intractable resource problems (Baines & O'Brien, 2012).

… I am concerned when I hear that our young people spend less and less time outdoors at a time when we most need to understand the depth of our dependence on our natural world.

More recent changes in legislation now give local government the ability to utilise a more participatory process in the development of their policy strategies for both the management of fresh water and renewable energy. This new way of working means participants "… engage in face to face dialogue, bringing their various perspectives to the table to deliberate on the problems they

3 See Rogers & Bragg (2012) and Maller, et al. (2005) as examples of this relationship
4 Report details available on request from the author
5 See Alexander (2013)
6 http://www.nzherald.co.nz/business/news/article.cfm?c_id=3&objectid=11414980
7 Both Meridian's Project Aqua and King Salmon's resource application for new salmon farm space in the Marlborough Sounds have been discussed in this context.

face together…" (Innes & Booher, 2010) and who through an informed consensus building process then jointly seek to develop public and private solutions to improve their situation.

Needless to say, avoiding litigation is a strong incentive for both public and private sectors to engage in this style of consensus decision making. In this way, collaborative decision-making is a powerful method of getting beyond adversarial situations to developing policy solutions and generating capacity for long term sustainability.

But how best to run these collaborative processes? The Land and Water Forum was a remarkable experiment in the use of collaborative processes[8] and I was fortunate to be part of a team brought in to observe and comment on this initiative (Baines & O'Brien, 2012)[9]. This was a unique situation that called on the involvement of industry, non-governmental organisations and iwi participants to develop national strategies on fresh water management.

Despite very little input on how to 'do collaboration' the process was appreciated as hugely successful. Polarised factions that had been at 'loggerheads' for years overcame their differences, social capital was developed, and strategies co-created. But it was not easy and discussions with colleagues who are now involved in similar processes indicate that power and control issues rear their head on a regular basis. It is difficult to be in a situation of sharing power when you are used to wielding it. Even the decision as to who to invite to 'the table' is fraught. And when 'they' are finally around the table, what is to keep them there?

Those with experience in group practices will be familiar with many of the techniques that can be used to ensure success:

- providing for effective participation, the commitment to process;
- voicing and listening to diametrically opposed views;
- resolving conflict between affected parties;
- ensuring co-definition of problems;
- developing common ground;
- dealing with those dissatisfied with the content and/or the process used; and
- ensuring solid support for decisions, without which implementation of solutions will be difficult, with conflict potentially continuing.

8 http://www.landandwater.org.nz/

9 My research in this area has also been informed by the excellent work of Ansell & Gash (2008); Scholtz & Stiftel (2005) and Emerson, et al. (2009).

In areas where councils select the collaborative option now provided for in legislation, there will be opportunities (as with the earlier examples) to involve experienced group relations facilitators, who have a current and active interest in environmental change, the development of sustainable approaches to resource management, and the well-being of communities who can effectively engage in social transformation.

As they experience success, people start to believe that they can proactively shape the future.

Working for Resilience

Is too much riding on the notion of collaboration? Some may wonder why I have deliberated on this process to such an extent. While I have talked about engagement and collaboration as ways to deal with environmental change, it is also clear that we are dealing with a bigger picture than behavioural change at an individual level – we are dealing with the power of social networks to achieve change – change that may well be more effectively facilitated with psychological input. As I've argued elsewhere (O'Brien, 2014), when we bring people together in this way, we are nurturing a learning culture that "…will facilitate the development of resilience and prepare people for the challenges ahead. An integral part of this process is that people will need to believe they are capable of change. This cannot occur in a vacuum. It happens as people work collectively to solve problems. As they experience success, people start to believe that they can proactively shape the future. This type of experiential learning requires involvement in an ongoing adaptive and transformative process, where learning by doing, and the creativity and innovation that comes from this way of working, takes on a pivotal role." p.40

As a profession we can take a variety of steps to help communities to build their resilience. **We can make a meaningful difference to the approach communities take to reaching agreements on the use of natural resources, and taking steps to modify their own impact on the environment.**

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How to Survive and Thrive in Public Mental

David Semp

David Semp is a clinical psychologist working primarily in public mental health services (PMHS). His areas of expertise include individual therapy, groups, supervision, team consultations, psychoanalytic informed therapy, mindfulness based therapies and DBT. David's PhD explored issues regarding sexual orientation and PMHS. David also has a small private practice.

Coping with teams and systems in public mental health services (PMHS) is often challenging. This paper offers a theoretical and practical framework for increasing self-care and effectiveness in working within these often fraught services. Most, if not all psychologists who've worked in PMHS know that team and wider systemic dynamics can either support the clinical work, or, as is often the case, make it seem impossible. Systemic issues are often compounded by the continuing dominance of the medical discourse of psychiatry and mental illness. This is reflected in the way services are structured, what counts as 'treatment as usual' and the language commonly used to describe treatment. Add to this the fact that the clients we are treating in PMHS often have complex and enduring problems, which are difficult to treat, and it is not surprising that many psychologists leave PMHS vowing never to return. Yet some of us find ways to both survive and even thrive in PMHS. This paper is one psychologist's reflections on how to sustain working effectively in PMHS. I describe how I use dialectical behaviour therapy (DBT) informed principles and skills to guide my practice within teams and the wider system.

The ideas I share in this paper have developed via much trial and error over 20 years working within PMHS. I suggest there are some common ways psychologists find themselves responding to the challenges of PMHS. One is to be relatively passive in the face of systemic challenges, but active in complaining about the situation to anyone who will listen. A second response is to work harder and harder at meeting the needs of our clients, our teams and the wider system. Another approach is to stridently challenge what appear to be unreasonable ideas and practices. I have utilised these approaches over the years and experienced considerable misery as a result. However, more recently I've come to appreciate how DBT strategies can usefully guide my practice in teams and in wider systemic contexts. Applying these insights across various contexts has enabled me to find new ways to have a positive influence within relationships and contexts affecting my work.

Why use a DBT informed approach?

Teams are central to the way in which most PMHS are structured, yet little research has been done on what makes such teams effective, or the experience of

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individuals within these teams (Donnison, Thompson, & Turpin, 2009; Simpson, 2007; Wilberforce et al., 2013). Despite the limited research, clinicians are quick to cite common problems arising in teams[1]. Examples include: a few members dominate conversations; people often feel criticised rather than supported; 'allocation dread' i.e. 'who can pick up?'; problematic and/or assumed leadership; multiple conversations at once; judgmental and disrespectful comments about clients, assumptions made about the 'right way' to provide treatment, conversations are circular, unfocussed, or polarised; decisions are unclear; and lack of respect between team members, leading to defensiveness and withdrawal. Add to these team dynamics the wider systemic constraints of limited resources, and the impact this has on relationships between clinical teams and senior management, and we have all the ingredients for disharmony and distress.

… clients we are treating in PMHS often have complex and enduring problems, which are difficult to treat, and it is not surprising that many psychologists leave PMHS vowing never to return.

Psychodynamic approaches tend to theorise this distress by speaking of the many ways in which 'splitting' occurs between clients, teams, and different parts of the organisation (Heginbotham, 1999). Many systemic problems are viewed as a failure to contain anxiety and psychological pain (Obholzer & Roberts, 1994). While this theorising has some insights to offer, it is unfamiliar theory for many psychologists in New Zealand and arguably hard to learn without considerable background. Despite this lack of knowledge, it is common to hear clinicians across disciplines in New Zealand accusing clients of splitting clinicians and teams. In contrast, DBT is more widely known by New Zealand psychologists and increasingly by clinicians from other disciplines. DBT has evolved to treat people experiencing problems with emotional dysregulation. It theorises that emotional dysregulation results from an interaction between emotional sensitivity and an invalidating environment. I suggest that many of us who work in PMHS utilise emotional sensitivity in the service of our work, and that there are many ways in which PMHS are unintentionally invalidating environments.

1 The following list of 'problems' was developed through conversations with multiple teams within PMHS which I have consulted with on team functioning over recent years.

In this situation we can expect disharmony, distress and dysregulation to occur within teams and systems. This often leads to polarity and no new ideas or learning, which limits the effectiveness of the treatments we provide.

In addition to its focus on emotional dysregulation, DBT specifically offers principles and skills to help people be effective in achieving their objectives (Linehan, 1993a, 1993b). Further, DBT has a particular focus on interpersonal skills and on teams being central to treatment. I now introduce some of these principles and skills to show how they can help psychologists (and others) be more effective in PMHS[2]. As you read these approaches you may well think 'this is just what I do with my clients', and you would be correct. The challenge is to use these same effective skills with ourselves and our colleagues.

Some Useful DBT Principles & Skills

i) Central to DBT is the '**Dialectical Agreement**'. A dialectical philosophy posits that people's beliefs about the existence and nature of absolute truth may vary, and that there is no absolute truth. Thus, when caught between two conflicting opinions we agree to look for the truth in both positions and to search for a synthesis. You can practice this in teams by looking for the kernel of truth in opposing positions, validate the kernel of truth, give up on the idea that there is only one 'right' view, think about and/or ask 'what might we be leaving out?'. Another useful strategy is to simply name the dialectic. For example, '*It seems there is a tension here between … I wonder if we can consider the kernel of truth in each point of view and work out a synthesis?*' This can help teams get out of the impasse of debating the 'rightness' of two conflicting positions.

ii) In addition to looking for the kernel of truth in differing points of view, it is also often effective to try and understand others' experience. The '**Phenomenological Empathy**' agreement invites us to search for non-pejorative or phenomenologically empathic interpretations of our clients, our own, and other team member's behaviour. We agree to assume that our clients and we are trying our best and want to improve. We agree to strive to see the world through our clients' eyes and through one another's eyes. We agree to practice a non-judgmental stance with

2 These principles were specifically developed for clinicians running DBT treatment programmes. Part of such a programme is a 'consult group' where all members agree to use DBT principles. The principles as presented here have been adapted for use in broader, non-DBT mental health teams.

our clients and one another and to challenge each other skilfully. Being non-judgmental involves focusing on the facts of a situation, or another's viewpoint, not on your judgments about the facts or others' views.

This is what we tend to do with clients most of the time, to try and see things from their point of view. But it is common for clinicians to fail to do this with each other. Practicing this requires us to try and see things from others' perspectives. This is often particularly important with people who we are feeling angry/frustrated with. One step towards phenomenological empathy is to notice when judgments are made. For example, when a colleague speaks angrily about a client, by saying, '*she's splitting us*', it can be useful to ask the colleague questions which invite a non-judgmental description such as '*what do you mean when you say …?*' Greater empathy enables more accurate validation and can be a very powerful intervention in many team and systemic situations. Validation requires seeing the world through another's eyes and communicating to them what makes sense about it. Validation reduces emotional reactivity (Shenk & Fruzzetti, 2011) and, a little bit of validation can go a long way to build relationships and shape the behaviour you want more of from your colleagues.

DBT has evolved to treat people experiencing problems with emotional dysregulation.

iii) One of the reasons distress arises in PMHS is that the work is often complex and personally demanding. Further, none of us are perfect and DBT acknowledges this. The '**Fallibility Agreement**' asks us to agree ahead of time that we all make mistakes. Therefore we agree that we have probably done whatever problematic things we are being accused of, or some part of it, so that we can let go of assuming a defensive stance to prove our virtue or competence. This is a case of practicing what we preach. So try and adopt a non-defensive stance when receiving feedback. And be willing to say '*I made a mistake*', if you think you did. We are often advising clients to reduce the impact of perfectionism in their lives and this advice is often applicable to clinicians. Also, when colleagues err, respond as we would with clients, without judgment.

iv) Another DBT principle is possibly one of the most difficult to enact in PMHS, especially in an under-resourced environment where clinicians' needs are often invalidated. The '**Observing Limits' agreement** urges us to observe our own limits. As team members we agree not to judge or criticise other members for having different limits from our own (e.g. too broad, too narrow, and "just right"). This can be hard to practice when there are so many invitations not to. This commonly arises when you are asked to see more clients when you feel 'full'. Being 'warmly ruthless' can help here. For example, '*I'd like to be able to help but I am currently unable to pick up someone new*'. Or, '*To do that I'd need to stop doing something else*' (e.g. running a group, being on a working group, etc.).

Enacting the Principles

Thus far I have introduced four principles from DBT. I now outline two key skills which are helpful in order to enact these principles and stay reasonably emotionally regulated. The first of these is '**Acting Opposite to Emotion**'. It is apparent that often situations with our clients and within teams and systems prompt us to feel exasperated, frustrated, sad, angry, and many other emotions. Sometimes these emotions are justified in that they fit the facts. However, when emotions are 'unjustified' by the current situation or justified, but get in the way of us being effective, it can be useful to act opposite to the emotion. This reduces the intensity of the emotion, helps us think more clearly, and thus helps us be more effective.

For example, when we're angry there are many actions that we might take to express our angry feelings. But if the action that we take is one that is opposite to the emotion we feel, like gently avoiding the situation or person, avoid ruminating about the situation, or trying to find empathy for the other person, then we are more likely to reduce our level of distress and be more able to act effectively. It's important to note that this skill is not about trying to suppress our emotions. We are using our emotion, for example, anger, to take a different action than our 'action urge', in order to be more effective. The result of this will be a gradual change in our emotions.

The last DBT skill I introduce in this paper is possibly the most useful. The strategies discussed so far can help us be more effective in the situations we find ourselves in. But sometimes no amount of skilfulness will change a situation. For example, some relationships cannot be improved and some work environments are damaging to many employees wellbeing. The skill of '**Radical Acceptance'** helps us determine what we are actually facing, and helps us choose the most effective way to respond.

Often in teams and systems we have strong thoughts of 'it shouldn't be like this'. We can then expend much mental energy into expecting things to be different. This can increase distress as the gap between reality and our wishes widens. DBT along with

other mindfulness based therapies argues that freedom from suffering requires acceptance of what is and letting go of fighting reality. To accept something is not the same as condoning it. Acceptance of reality as it is requires an act of choice. It is like coming to a fork in the road. You have to turn your mind towards the acceptance road and away from the "rejecting reality" road. You have to turn your mind and commit to acceptance over and over and over again. Sometimes, you have to make the commitment many times in the space of a few minutes.

This can be very difficult as there is often so much that is imperfect about the teams and systems we work with. Radical acceptance involves fully acknowledging things are how they are, even if we think it is 'not fair' or 'not right'. This doesn't prevent us working for change. It does mean that by accepting fully what we are dealing with, we can be more informed and hopefully more effective in 'choosing our battles' and being more effective at fighting them. Or, as is the case in some situations, we can accept that change is not possible, and then choose how to respond effectively to the intransigent situation.

The skill of 'Radical Acceptance' helps us determine what we are actually facing, and helps us choose the most effective way to respond.

To conclude, I hope these ideas, while informed by a particular model of therapy (DBT), resonate with your own experience in teams and systems. I also hope that perhaps they provide some practical ideas for how to be more effective in these contexts, enabling you to look after yourself while serving your clients. I also hope these practices will enable you to have a positive influence on the teams and systems you work within. My experience is that by enacting these principles and skills over time, my experience of relationships within teams and the wider system is improved[3]. Through this I am more able to have a positive influence while sustaining my own practice and enthusiasm for being a psychologist within PMHS.

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3 In the multidisciplinary team I work in we use a slightly amended version of the original DBT consult agreements as a weekly prompt for discussions about how we operate as a team in the service of supporting each other to do the clinical work effectively.

What type of professional community would we like to create for newly trained educational psychologists?

Discussion Panel –Quentin Abraham (Chair) Anna Priestley, Kristy Lemmon and Jeanette Berman

Ko te kai a te rangatira - he kōrero (The food of the chief is talk). In the spirit of this well-known whakataukī, Quentin Abraham chaired a panel of three to explore the type of professional community we would like to create for newly trained educational psychologists at this year's Educational Psychologist Forum at St Margaret's College, Dunedin[1]. The audience consisted of 40-50 psychologists ranging from aspiring students, practicing educational psychologists within the Ministry of Education, in NGOs and in private practice as well as those involved in research and tertiary education. Themes included: meeting our bicultural obligations and drawing on ideas that are generated from our country; placing casework with clients within a multi-systemic context; ethical practice; evaluating evidence; working strategically to improve the education and wellbeing of all children; networking and keeping up to date; and generating new initiatives.

Anna Priestley works for The Ministry of Education and spoke from her role as an educational psychologist and practice advisor[2]; **Kristy Lemmon**, from Lower Valley Central South Region offered her perspective as a recently qualified educational psychologist; and **Dr Jeanette Berman** (Director of Educational Psychology at Massey University) contributed in her role as researcher and educator in educational psychology[3].

Context of Educational Psychology in Aotearoa/New Zealand

In setting the scene, Quentin orientated us to our current community of educational psychologists. We noted that there were 190 registered, educational psychologists in Aotearoa/New Zealand, and there were many others trained as educational psychologists within the 779 registered in the general psychologist scope[4].

The Ministry of Education employed 181 full time equivalent psychologists at March 2014[5]. Therefore, there are 181 psychologists for 2532 state schools in Aotearoa/New Zealand that have school populations between 10 and 2,000 pupils[6].

There is an estimated one psychologist for every 5322 children in early years or school age child in state facilities[7]. Ratios vary considerably across the globe. Jimerson et al. (2009) using 2006 survey data found 12 countries to have ratios of less than 1:2000. These countries were Australia, Canada, Denmark, Estonia, Israel, Lithuania, the Netherlands, Scotland, Spain, Switzerland, Turkey, and the United States.

The New Zealand Psychological Society (NZPsS) is one of the main representatives of psychologists in our country. At the time of writing, there are 55 members in the NZPsS, Institute of Educational and Developmental Psychologist and numbers are steadily increasing.

Themes

Contributions from the panellists are collated under 5 themes:

- The unique style of educational psychology in Aotearoa/New Zealand
- The implications of our name and our role as educational psychologists
- The definition of our profession
- Local and global influences
- Aspirations for our profession in 10 years' time

The Unique Style of Educational Psychology in Aotearoa/New Zealand

All the contributors spoke about the significance of bicultural and multicultural influences directing our practice.

Anna commented on how a person's cultural identity is central to facilitating positive change. This included creating whānau partnerships within which to embed necessary change. Our practice requires us to acknowledge our own culture and the perspectives that influence our work and we need to be open to learning and understanding the unique cultural identities of others.

She highlighted the dimensions of our unique practice model outlined in Annan and Priestley (2012):

1. The Interactive perspective - positioning meaning as understood as occurring at a point in time, through interactions between contexts rather than being fixed and unmovable.

2. Multi-systemic perspective – working alongside people in the multiple settings that young people participate.
3. The value of inclusion and respect for diversity.
4. The value of strength and its links with positive psychology
5. Theoretically driven - the importance of evidence based practice and legal and ethical frameworks guiding practices.

She emphasised the importance of people within education and within psychology. Their commitment, drive, determination and creativity were viewed as pivotal in creating positive change for children, young people and schools and ECE communities.

Kristy acknowledged the Treaty of Waitangi principles of partnership, protection, and participation that underpin our practice. She wondered if the multicultural aspect of our work could be unique in our country because of the high number of refugees relative to our smaller population base.

She also commented that although many of us are involved in individual, in-depth casework, we have been primarily educated to place this work within an ecological context. The practice of educational psychology in our country has tended to be less dependent on a diagnosis. There has been more flexibility to address environmental factors to benefit an individual or group (e.g. school classroom). Recently psychologists have been leading systemic initiatives such as "School-Wide" and "Incredible Years".

Jeanette elaborated on contemporary, holistic models that view the individual learner optimistically within the context of their communities, schools, and classrooms. She cited Macfarlane et al's (2014) work with Te Arawa iwi in Rotorua where the key drivers of educational success were:

Mana Motuhake - a positive sense of Māori identity

Mana Tū - a sense of courage and resilience

Mana Ūkaipo - a sense of place

Mana Tangatarua - a sense of two worlds

Mana Whānau - nurtured into succeeding in both worlds by their whānau

see Figure 1

Hannant (2013) echoed similar themes from academically successful Pasifika males in Auckland. These included (i) family and community support (ii) responsive relationships (iii) self-perception (iv) classroom pedagogy and curriculum (v) school support and academic guidance.

see Figure 2

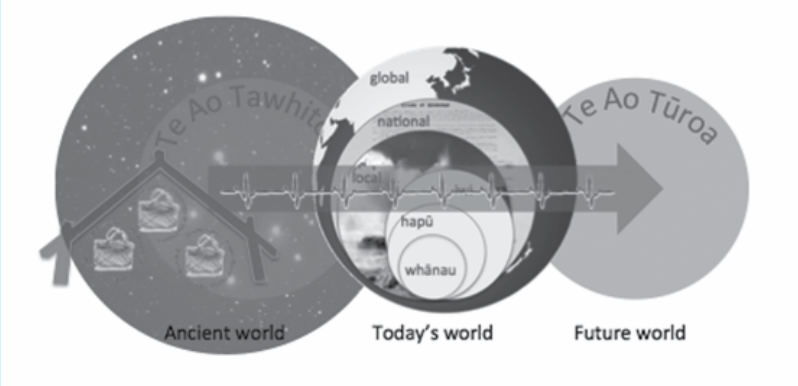

Figure 1: Ka Awatea: A model of Māori student success (Graphic by J. Berman)

Figure 2: Tipani: Dimensions supporting Pasifika academic success (Graphic by Beth Hannant)

Jeanette emphasised that educational psychologists were charged with integrating evidence from Māori and Pasifika perspectives with other indigenous and Western psychologies to develop a distinctive Aotearoa/New Zealand approach to educational and developmental psychology.

The Implications of Our Name and Our Role as Educational Psychologists

Kristy commented that the term "educational psychologist" was fitting in that it implied that our main focus was on learning but that it was broad and flexible enough to encompass working with individuals of all ages, families, and school staff in a variety of settings. It also encompasses casework and systemic work.

Kristy was conscious that there is a distinction between the role of an educational psychologist in the public sector as opposed to the private sector. It may be confusing for those who are not familiar with the role to understand exactly what we do solely on the basis of our name. Many people associate the name "educational psychologist" with a focus

on academic learning or cognitive testing, which can be more of a focus in the private sector. At the Ministry of Education, one of the primary employers of educational psychologists in Aotearoa/New Zealand, the focus is often on behaviour, which involves learning, but not always in the academic sense. She argued for the need to clarify our role in different contexts.

Anna explored the influential role of educational psychology for individual children experiencing difficulties but also for addressing wider, systemic and strategic matters in education strategic direction. This required us to remain highly trained and up to date with the ever changing nature of education, teaching and learning.

She proposed that by sharing our work with others, emphasising the fluidity (rather than the fixed nature) of people and situations, educational psychologists would no longer be perceived as attempting to find pathological explanations for young people's difficulties.

Jeanette wanted her graduates to practice a form of psychology that:

- was strengths-based and optimistic
- was built on the capacity of teachers and whānau to provide responsive teaching for sustainable learning
- used an ecological framework and drew on what is known about dynamic systems
- developed a shared understanding of what learners and their whānau, and their teachers, brought to education
- connected to inclusive educational settings, collaboratively working with professionals who use other frameworks

The Definition of Our Profession

Anna believed that the work we do and who we work with defines us as a professional group. We also have the ability to define ourselves in collaboration with our communities, our colleagues, educators and young people.

Kristy argued that as educational psychologists we should have a greater role in self-identification in a field that is broad and flexible, that allows for different scopes of practice. She felt that we were in the best position to understand and negotiate the distinctions, and to develop a definition that encompasses the many manifestations of our role.

Local and Global Influences

Jeanette stated that educational psychology in Aotearoa/New Zealand has been shaped by the distinctive context of the country, defined by its bicultural nature, by geographical, historical and global influences, and built on a unique history of education, psychology and of educational and developmental psychology.

Kristy commented that within the Ministry of Education there is a focus on educational facilities and initiatives informed by research. Much of this research is from overseas, with larger population bases so that the application of such findings requires clinical judgement. As a new educational psychologist it can be difficult to evaluate the differences and what is lost or gained in the adaption of these approaches for our population. Local influences included many of the initiatives regarding Māori achievement and cultural awareness.

Kristy had also observed the influence of health and mental health sectors. Although our educational psychologist role is often complementary with clinical psychologists there may be differences due to the different contexts in which we work. A child who is exhibiting difficult behaviours in a school setting may not display them in a clinical setting and this can lead to a mismatch in intervention recommendations.

Anna felt that we needed to respond to our ever changing world with programmes and practices informed by carefully evaluated evidence. Although our practice changes, it is our principles that provide a foundation or 'platform' for our work.

Aspirations for Our Profession in 10 Years' Time

Anna concurred with Brown and Moore's (2010) aspiration for educational psychology. We should contribute not only to 'special education' but to the future direction of the general educational practices within our country.

To do this we need to strengthen our own community and our own learning networks. We need to 'define our own evidence', establishing new 'truths' and add to our own locally derived findings to those gathered from around the globe. This type of evidence is evolving via "Positive Behaviour for Learning" programmes, individual work with children and through our university training programmes.

Kristy agreed that she would like to see more systemic work that focused on early intervention and prevention to help support increasing the skill set of the school staff who work directly with students every day. This would offset the tendency for educational psychologists to be mainly utilised to work with problems that have been entrenched over long periods of time.

She would like us to seek stronger connections with the broader

community of psychologists increasing the collegiality and support but also devising complementary practices with other psychologists. She hoped that this might include positive and health psychology practices that focus on identifying strengths, helping children to thrive rather than addressing deficits.

Jeanette hoped we would strive to increase the number of Māori and Pasifika educational psychologists; establish a distinctly Aotearoan practice that drew on Māori, Pasifika and Western psychologies; and that we would devise an educational psychology practice closer to where ako happens, within our schools and communities.

Questions and Discussion

The session concluded within the short time available with a wide ranging discussion about numbers of educational psychologists, students' difficulties obtaining internships and the gender disparity within our profession. Participants seemed to be hungry to continue the discussion about how our profession evolves. An invitation was made to join our professional associations such as the Institute for Educational and Developmental Psychology (IEDP); to meet at other conferences[9] and for psychologists working in education and developmental contexts to subscribe to an ongoing email list[10].

Nō reira, thank you to the conference organisers of this year's Educational Psychology Forum 2014 in Dunedin and to all those who participated to create the conditions for our meeting to bear fruit.

Whiria te kaha tuatinitini

Whiria te kaha tuamanomano

Weave together the strength of the many strands

Weave together the strength of the thousand.

Tēnā koutou, tēnā koutou, tēnā tātou katoa.

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Endnotes

[1]Held on 18 November 2014

[2]These views may not represent the views of the Ministry of Education

[3]Rebecca Abrahams was due to contribute but withdrew due to family illness

[4]Personal communication Ann Culver, Deputy Registrar, New Zealand Psychologist Board 13 November 2014; the calculations do not include Trainees or Intern Psychologists

[5]Personal communication, Warwick Phillips, Manager Professional Practice, National Office, Ministry of Education, 7 November 2014. No information was available about their respective scopes

[6]Ministry of Education 2014 http://www.minedu.govt.nz/NZEducation/EducationPolicies/InternationalEducation/ForInternationalStudentsAndParents/NZEdOverview/School_Education.aspx

[7]Ministry of Education 2014, http://www.educationcounts.govt.nz/statistics/schooling/july_school_roll_returns/number-of-schools. Number of enrolments in licensed ECE services (End June 2013) = 200,942. School Roll Returns 5 -19 years, July 2013 = 762,400. Total Early Years and School Age population = 963342 (Young people in formal education). 963342/181 = 5322

[8]See http://www.psychology.org.nz/membership/member-groups/institute-of-educational-and-developmental-psychology/

[9]NZPsS 2015 Te Ao Tūroa – the World in Front of Us, Waikato http://www.psychology.org.nz/pd-events/annual-conference and ADHA 2015 Growing Healthy Children Young People and Families, Wellington, http://confer.co.nz/ahda2015/

[10]Subscribe to the Educational and Developmental Forum (EDPforum) at this link https://groups.google.com/forum/?hl=en#!forum/edpforum or contact Quentin Abraham quentinabraham@greenstoneconsultants.co.nz. or Rebecca Abrahams abrahamspsychology@xtra.co.nz

Women working for a more peaceful world - Reflections on the Bejing + 20).

Annette Hannah PhD (ahannahnz@gmail.com)

Dr Annette Hannah is a psychologist whose interests are particularly in women's mental health. She previously lectured at the Dunedin school of Medicine and Dentistry where her research was centred around psycholinguistics and gender, as well as medical and dental student consultation skills. She currently works with young women in an integrated girls college, and recently attended the United Nations Consultation on the Status of Women.

The need for gender equality as a human rights mandate, violence against women, trafficking of girls and young women, intimate partner violence, sexual abuse, female genital mutilation, child marriage, and femicide, was the subject of the 2015 United Nations CSW-59 namely the global Commission on the Status of Women, held in Manhattan, New York City.[1]

The message that no analysis of gender based violence can be done outside of an analysis of patriarchal structures and practices embedded within the political, economic, social, and religious systems that support gender inequalities, was clear. As a New York paper said at the time of the conference "Abuse is useful" as it has a purpose in the structuring of social norms between men and women.

Phumzile Mlambo-Ngcuka Under-Secretary General and Executive Director of UN Women suggested that at no time in history has the level of gender based abuse, homicide and modern day slavery of girls and women been so high, "violence against women remains undeterred, one in three women get beaten in their lifetime." She concluded "that women are not always present when there are decisions to be made about issues that affect them, and while we have been very busy, it does not mean that we are making progress."[2] The call to end this modern day slavery of girls and women was the subject of this United Nations International Commission to the 195 member governments of the United Nations. Over 8,000 women and men from across the globe met with a united aim of a more peaceful world.

It was suggested that there was a growing gap between the women who have benefited from the gender equality changes and those who have been left behind. Within our own country for example, women have made significant progress in establishing gender equality through-out many sectors and women enjoy significantly more freedoms than earlier generations of women. However, we still have a very high rate of sexual abuse (1 in 4 women), intimate partner violence, and homicide, as well as a growing presence of female genital mutilation[3] and child marriage[4] within New Zealand society. This suggests that the root causes of these abuses of power are visited on the vulnerable in society. Most of these abuses are perpetrated by men, often supported by women, more so in some cultures than others. We as women can also behave in ways that maintain the status quo and engage in emotional and political violence against other women.

There are no easy answers to these complex problems. We as humans need to consider a shift in our 'way of being' in society and in the world.[5] Women also misuse power with other women. Inaccurate assumptions and stereotypes lead to gatekeeping and bullying that occurs within both/ all genders that results in the similar abusive effects of disempowerment.

Speaking about woman and

1 CSW59 March 7-20th March 2015

2 Phumzile Mlambo-Ngcuka Executive Director of UN Women in her opening speech to the Ecumenical Women.

3 http://fgm.co.nz/fgm-in-nz

4 http://tvnz.co.nz/sunday-news/sunday-march-14-child-brides-3402971/video

5 Arbinger Institute. The Anatomy of Peace 2006. Woodslane Press. Leadership and Self Deception. 2009. Woodslane Press. The principles in these two books can be life changing.

United Nations Commission on the Status of Women (CSW

leadership Helen Clark says "But, when we women hold these positions, it's vital that we don't pull the ladder up after us. We must actively encourage women and girls to pursue leadership positions and advocate for the policies and programmes which give women the space, skills, and experiences to do that."[6]

Phumzile Mlambo-Ngcuka Under-Secretary General and Executive Director of UN Women suggested that at no time in history has the level of gender based abuse, homicide and modern day slavery of girls and women been so high, "violence against women remains undeterred, one in three women get beaten in their lifetime."

The issues around women's power relationships with women, were alluded to in some forums, but were not discussed specifically. Women often buy into the patriarchal model. Much needs to be done in this area to develop more solidarity, collegiality and the respecting of basic human dignity as we deal with others in both personal and professional arenas. As psychologists, we also need to be aware that we do not always know the full story about others, and assumptions and conclusions about the people we seek to help can be incomplete, inaccurate and lead to prejudicial, detrimental and disempowering outcomes.

'Women's rights are human rights' promotes Hilary Clinton. Helen Clark chair of the United Nations Development Committee, in her opening speech says:

> *No society can develop to its full potential unless women can participate fully and equally in all aspects of the life of their families, communities, and nations…. But much more needs to be done to realise the vision of the Beijing Platform for Action. 2015 is a 'once-in-a-generation' opportunity to ensure that gender is embedded in major global agendas related to development…. All these processes offer important opportunities for prioritising the perspectives and needs of women and girls….Let us work for equally shared responsibilities in our homes too. This anniversary year is our opportunity to resolve to finish the unfinished business of Beijing and make transformational change possible for all women and girls.*[7]

This UN Commission undertook a review, including current challenges that affect the implementation of the Beijing Declaration and the Platform for Action.[8] The aim of this declaration, was to achieve the realisation of women's and girls' full and equal enjoyment of all human rights, fundamental freedoms, the achievement of gender equality, and the empowerment of women and girls, throughout their lifecycle.

A call for the acceleration in the implementation of the Beijing platform for action of 50/50 by 2030 was to be the new goal in the post- 2015 development agenda. The dismantling of patriarchy, and the integration of a gender perspective into economic, social, and environmental dimensions of sustainable development, is said to be necessary so that these developments effectively contribute to the realisation of gender equality and the empowerment of women and girls. It is also important to remember that men benefit from women doing better. Men for women's rights is a growing movement. To date 2092 men in New Zealand have signed up to stand up for women's rights as human rights in the HeForShe[9] movement.

Trafficking in girls and young women is a 150 billion dollar enterprise that takes place around large occasions such as sporting events, and natural disasters. It occurs in every State in the USA.[10] This begs the question about trafficking and prostitution as a result of the already devastating effects of the earthquakes in Christchurch and the high status sports events in New Zealand.

Perspectives around the benefits to women of decriminalising prostitution as a career choice, or criminalising the purchaser, as a primary strategy towards eradication of sexualised abuse and violence of girls and women, were topics that conveyed the complexity of

6 Helen Clark: Opening Remarks at Session Two of the High Level Event on "Women in power and decision-making: Building a different world" 27 Feb 2015

7 Helen Clark: Part speech at the opening of the United Nations CSW59, March 2015. http://webtv.un.org/watch/helen-clark-undp-commission-on-the-status-of-women-csw59-2nd-meeting/4100956321001

8 http://www.unwomen.org/~/media/headquarters/attachments/sections/csw/pfa_e_final_web.pdf

9 http://www.heforshe.org/

10 John Kempthorne Chief of Trafficking, District Attorney in Manhattan forum on Sex Trafficking 10th March CSW59

these important issues. They also conveyed the need to be implementing a multifaceted approach toward elimination of abusive practices and attitudes towards women. Ruchira Gupta, Founder President of Apne Aap Women Worldwide has worked for 25 years for women's and girls' rights, especially the ending of sex trafficking. She founded Apne Aap in 2002 - a grassroots organisation working on the issue of human trafficking and women's rights. Today Apne Aap impacts the lives and livelihoods of thousands of women and children. She also produced the Emmy award winning film 'The selling of Innocents.' Her most significant contribution to civil society, governments, and multi-lateral bodies like the United Nations, has been to highlight the link between trafficking and prostitution, and to lobby with policy makers on shifting the blame from the victim to the perpetrator.

World-wide war was identified as the major cause of poverty and violence against women. Reflecting on our own society which is free of war and where all women have the opportunity to be educated yet is still seeing an increase in the level of poverty and continued violence against women. The gender pay gap was discussed and all nations showed the same trend as New Zealand with those women employed earning less than men. For example, in NZ, women are 51% of the population, but are paid an hourly rate of 10.1% less than men (2013) with 46.4% of women earning under $420per week, compared to 33.1% of men[11].

Women comprise 41% on public sector boards, and 12% on private sector boards[12] which may suggest that private sector boards are more traditional in their sex stereotyping of women. "Inspiring Action"[13] is a compilation of research abstracts related to women and leadership and finding ways to improve women's career paths. 'Women of Power' by Torild Skard[14] is packed with fascinating case studies detailing the rise to power of all 73 female presidents and prime ministers world-wide from 1960-2010. This book raises the question: Do women national leaders represent a breakthrough for the women's movement, or is women's leadership weaker than the numbers imply?

Speaking about woman and leadership Helen Clark says "But, when we women hold these positions, it's vital that we don't pull the ladder up after us.

Many felt that the new platform for action was a backward step where human rights were being diluted. The wording of the new platform for action 2015 remained controversial. Michelle Batchelet acknowledged that the issues of sexual and reproductive rights and health were of major importance in ending violence and in poverty alleviation and development, but remained sticking points for some conservative member states of the UN[15].

There was relatively little attention paid to mental health in that there were few forums on this topic and those forums that were presented spoke in generalities. However, they did stress the need for a holistic approach that addresses not only the trauma, but the many related basic physical needs of safety, shelter and food, as well as the psychological issues that are experienced. "There is no health without mental health" suggested the forum on applied psychology which also placed great emphasis on encouraging and supporting creativity, music and the arts as necessary aspects of bringing healing. The governmental forum on gender and statistics suggested that gender mainstreaming in all research is important.

For psychologists a reminder that gender mainstreaming in psychological formulations and an awareness of systems theory as it relates to the mental health of women particularly, is an essential component in the journey to full mental health and the empowerment of women to live lives that are equally valued by others, as well as by themselves.

Hot off the press in a forum with the authors, was a handbook on transnational feminist movements (defined as movements working for equal rights) which form a key epistemic community that can inspire and provide leadership in shaping political spaces and institutions at all levels, and transforming international political economy, development and peace processes.[16]

There was a strong echo that the old feminist human rights issues are as relevant today as they were decades ago. Dale Spender[17] in the 1980s

11 Ministry of Women's Affairs report 20142018 strategic intentions
12 Ministry of Women's Affairs report 20142018 strategic intentions
13 http://women.govt.nz/documents/inspiring-action-2014. Ministry of Women's affairs
14 Torild Skard. Women of Power. 2012. Policy Press, University of Bristol
15 The head of UN Women, Michelle Bachelet, previous President of Chile
16 Baksh R, & Harcourt W. (Editors). The Oxford handbook of Transnational Feminist Movements. 2015. Oxford University Press
17 Dale Spender. Man made language. 1980. London: Routledge& Kegan Paul cited in Hannah A. Speech Style in Gendered Communication. 2000. Otago University PhD http://hdl.handle.net/10523/5593 also see: Hannah A & Murachver T. 1999 Gender and conversational Style as predictors of Conversational behaviour. Journal of Language and Social Psychology, Vol. 18 No. 2, June 1999 153-174; Hannah A & Murachver T. Gender Preferential responses to speech. Journal of Language and Social Psychology, vol. 26, no. 3, pp. 274-290, 2007

talked about women occupying 'negative semantic space' because when we (women) are not being made invisible by male language, that which is female in association is seen to be as a deviation from the established male norm and is therefore devalued and considered inferior. For example, the word 'effeminate' or 'emasculated' conceptualise the contamination or dilution of a man's essential nature, his masculinity. So what is the so called 'silent de-masculinisation' of boys, and what does that mean for gender equality?

Change a woman's life, you change a family's life, change a family's life you change a community, change a community and you change a nation, change a nation and you change the world.

These are but a few glimpses of the intensity and scope of the CSW59. On a lighter note one of the highlights of the two weeks at the Commission was breakfast at the New Zealand Mission on 3rd Avenue, where the New Zealand delegation met with Minister Louise Upston. Helen Clark while giving what was reported as the best speech at the opening ceremony had other overseas commitments and sent her apology. She did however meet with the girls and young women's forum (under 30 –years of age) prior to leaving.

I went to the CSW59 as part of a faith based delegation of the Association of Presbyterian Women (APW), Aotearoa, New Zealand. APW is a national organisation which has the distinction of having special consultative status as a Non-Governmental organisation with the United Nations Economic and Social Council (ECOSOC).

In New Zealand supporting women via programmes such as Whanau Ora[18] promoting health and wellbeing for Māori families, or mainstreaming gender in research and therapy formulations are all important steps in this journey towards health and wellbeing for all. Change a woman's life, you change a family's life, change a family's life you change a community, change a community and you change a nation, change a nation and you change the world.[19] As they say, think globally, act locally. It has been suggested that an International Symposium on Gender and Mental Health be organised, so if you have an interest in such a symposium, my contact details are attached.

I came away from this Commission with the sense that there remains a lot of work yet to be done to reach the goals of gender equality for all women and men, and that might lead to better mental health, and a more peaceful world.

18 http://www.whanauora.Māori.nz/
19 Conversation with Ngaire Button, Previous Deputy Mayor of Christchurch City, 2010-13

Good News!!! – Lower Cost Indemnity Insurance through the NZPsS

If you are seeing clients (even a small number of clients) you will want to have professional indemnity insurance.

The Society has been working with Rothbury-Wilkinson Insurance Brokers (formally Wilkinson Insurance Brokers) to lower the cost of the insurance package they offer you through the NZPsS.

The professional indemnity insurance which includes public liability cover with enhanced benefits is now offered at a VERY FAVOURABLE REDUCTION IN PREMIUMS for 2014/15.

Some of these benefits include NO EXCESS on claims made under the professional indemnity insurance (there used to be a $1,000 excess). The policy automatically provides you with $2,000,000 of Public/General Liability insurance (previously $1,000,000) which will cover damage that you may cause to others property in the course of your work.

The EAP (Assist Programme) provides up to four sessions to a maximum of $500 for each session.

If you are retired or a near retirement you will also want find out about the very favourable run-off cover terms.

Also

- NZPsS members who are registered psychologists automatically receive a 10% discount off their first year's premium or part thereof
- Have access to a dedicated medico-legal lawyer to provide legal aid in the event of a claim
- Intern students –free cover for student members of the NZPsS- (conditions apply)
- Cyber Liability - a cover designed specifically for the wide range of cyber, privacy and media risks faced by all companies and individuals in today's electronic environment. It includes identity theft, telephone hacking, cyber threats and extortions.

For further information and the proposal form go to our website www.psychology.org.nz/membership/benefits/professional-indemnity-insurance or contact Donna: membership@psychology.org.nz

Conference workshops at the NZPsS Conference,

See the inside back cover of this issue for more conference information.

John Briere, **Associate Professor of Psychiatry and Psychology at the Keck School of Medicine, University of Southern California, and Director of the USC Adolescent Trauma Training Center of the National Child Traumatic Stress Network**

Full day workshop: ***Treating Complex Trauma in Older Adolescents and Young Adults***

This workshop introduces an empirically-based treatment for multiply traumatized, multi-problem adolescents and young adults, Integrative Treatment of Complex Trauma for Adolescents (ITCT-A). This components approach includes relational, cognitive-behavioral, affect regulation, and mindfulness interventions that are specifically crafted to engage and assist seriously traumatized -- and sometimes alienated – young people. It offers a flexible, nonjudgmental, but focused approach to issues such as substance abuse, tension reduction behaviors (e.g., self-mutilation), dysfunctional sexual behavior, and other avoidance responses. Interventions are individually adapted and customized according to the youth's current challenges, specific symptoms, and functional capacities. Treatment outcome results will be reviewed.
Learning objectives:
After this presentation, the attendee will be able to:
1) Describe three major effects of complex trauma on adolescents and young adults
(2) List three core components of Integrative Treatment of Complex Trauma for Adolescents (ITCT-A)
(3) Define "trigger identification and intervention"
(4) Describe three principles of the ITCT-A approach to substance use/abuse

Willem Kuyken, **Professor of Clinical Psychology at the University of Oxford in England and Director of the Oxford Mindfulness Centre.**

Full day workshop: ***Compassion***

This one-day workshop will explore a number of questions and themes:
What is compassion?
Compassion as understood in evolution and animal behaviour
Contextualizing compassion
-Traditional understandings of compassion
- Contemporary understandings of compassion
Can compassion be trained?
How is compassion trained in mindfulness-based interventions?
Embodiment and personhood

Dawn Darlaston-Jones, **Associate Professor and Co-ordinator of the Bachelor of Behavioural Science at the University of Notre Dame, Fremantle**

Morning ***(Practitioner) Workshop: Theory into practice: Incorporating critical reflexivity and decolonisation theory into the therapeutic alliance***

There has been an increasing awareness that service provision for Indigenous peoples globally is not achieving the necessary outcomes in order to close the range of disparity gaps that exist. Numerous reports and investigations suggest that mainstream theory and practice might not offer the best approach in working effectively with Indigenous persons and communities. The history of colonisation and the resulting legacies that accrue to Indigenous and non-Indigenous persons in a settler context often contribute to oppositional binaries that can lead to misunderstandings and confusion in the therapeutic relationship and service provision. In this workshop participants will be encouraged to critically reflect on their own position relative to the settler context and how to work towards a decolonisation framework that allows for the emergence of a third space that respects and incorporates multiple knowledges and ways of working. Such an approach to practice offers the potential for psychologists and psychology to achieve greater relevance in contributing to a broader social change agenda.

Friday 28th August 2015 at the University of Waikato

Afternoon ***(Educator) Workshop: (Re)Constructing curriculum for decolonisation education in psychology***

This workshop is designed to assist academics to create integrated content in the delivery of psychology courses whether in a stand-alone unit of study or across an entire degree. There is a particular focus on embedding Indigenous knowledges within and alongside psychological theory so that students have a more critical understanding of the importance and value of these perspectives. Participants will be introduced to a method of mapping a psychology curriculum in order to incorporate a decolonisation framework into the degree. Each unit of study will be deconstructed to demonstrate the foundational principles as well as the pedagogical structure, disciplinary knowledge and generic skill development required to contribute to conscientisation. Such an approach to education echoes the work of Freire and captures the intent of both critical psychology and critical education so that graduates have the capacity to contribute to the creation of a good society. Participants will gain a detailed understanding of how to build curriculum from scratch and how to retrofit content to an existing course. Emphasising the three interconnected strands of disciplinary knowledge, Indigenous perspectives, and generic skills within a sound pedagogical structure permits educators and students to clearly identify the learning journey and to see how this applies to their professional and personal lives. This in turn increases the benefit of psychological literacy in contributing to a decolonisation agenda.

Gerald Monk, **Professor at San Diego State University, California**

Full day workshop: ***Rapprochement between Mental Health Peer Support Practitioners and Clinicians: The Road Ahead.***

Na to rourou, na taku rourou ka ora ai te iwi (With your food basket and my food basket the people will thrive)

This one-day workshop explores the new cultural and clinical landscapes of mental health delivery in San Diego and the parallels and differences between mental health peer and mental health professional partnerships in New Zealand and the United States. The workshop will explore the application of specific policies, procedures and clinical skills applied in a peer-professional recovery partnership for clinical assessment, case conceptualization, recovery planning, recovery intervention and recovery maintenance.

Jo Elliott, **Professor of Educational Psychology at Durham University and Principal of Collingwood College**

Full day workshop: ***The dyslexia debate: The science, the politics, & the rhetoric***

This workshop will permit more detailed analysis of scientific research into reading disability/dyslexia. It will examine the evidential basis for different psychological theories that seek to explain such difficulties and the relevance of this work for informing intervention. It will also consider common misunderstandings and misappropriations of the dyslexia label in higher education settings. The workshop will then consider the merits of various critical responses to the book's conclusion that dyslexia is an unhelpful term that should be discontinued. Finally, it will seek to explain the reasons for the sometimes vituperative and hostile ad hominem attacks that have been made by those who are resistant to this suggestion.

Dryden Badenoch, **Clinical Psychologist**

Half-day workshop: ***Show, don't tell- using psychology to make better presentations***

Most psychologists have little presentation training. Or so we think. Inexperience, time pressure and anxiety lead us into bad habits: text-heavy slides, unreadable graphics, reading our slides aloud. These distract our audiences and impair their retention of the information we're presenting. Applying principles of perception, cognition and interaction we learned as undergraduates can make our presentations more engaging and so more effective. In this workshop, we'll review and redesign, slide-by-slide, an actual conference research presentation. We'll observe the gains due to a psychological approach to presenting, while learning some useful frameworks and techniques. It's suitable for any psychologist: student, intern, researcher or clinician, however often you give presentations. While not essential, you'll derive most benefit from this workshop if you bring one of your presentations on your laptop or tablet, in your usual presentation program.

The French Connection
Implications For 21st Century Psychology

Neville M Blampied

Neville has been a member of the academic staff of the University of Canterbury for more than 40 years, including seven years as Head of Department (2005 – 2012), teaching learning and behaviour change processes and researching behavioural interventions, primarily for children and families. He is a Fellow of the NZPsS (1995), served from 2006 – 2010 as NZPsS Director of Scientific Affairs, is an Associate Editor of *The New Zealand Journal of Psychology* and of *Behaviour Change*, and is on the Editorial Board of *Child & Family Behavior Therapy.* He chairs the Road Traffic Trauma Charitable Trust and is currently President of Division 6 (Clinical & Community Psychology) of the International Association of Applied Psychology. In 2008 Neville received the New Zealand Psychological Society Adcock Award which recognizes valuable and significant contributions to psychology in areas including philosophy of science and psychological theory.

In July 2014, during the recent International Congress of Applied Psychology, as a representative of the NZPsS I attended a reception in Paris, France as the guest of the International Union of Psychological Science. The reception was held in the Salon Gustav Eiffel, on the second level of the Eiffel Tower, and commemorated the 125th anniversary of the dinner, held in the same salon, which ended the first ever International Congress of Psychology in 1889. I was thus able to experience the same view of Paris as had been enjoyed by illustrious predecessors such as Francis Galton, William James, Herman Helmholtz, and Wilhelm Wundt[1]. Such events serve to remind us Anglophone psychologists of the important contributions made by French scholars to our discipline[2]. In this article, I want to consider the enduring influence of two of these great French contributors and show how they are relevant to the contemporary issue of evidence-based practice.

Both of my protagonists came to Paris from provincial centres as young men; both had life- and career-changing experiences in the city; both went on to distinguished professional scientific careers in the 19th C; and both have had an enduring influence on psychology, especially in our research methods, although neither are well known to psychologists, and one has had a more central influence than the other. The two men were Adolphe Quetelet (1796 – 1874) and Claude Bernard (1813 – 1878)[3].

The life and accomplishments of Quetelet

Quetelet was born into a middle-class French family in what is now the Belgian city of Ghent. While in his youth he was interested in poetry and music he graduated with a doctorate in geometry from the University of Ghent, in 1819. For a few years he tutored in mathematics, but then amazingly, given his youth and inexperience, he persuaded the Belgian government to appoint him as the country's first Astronomer Royal, and to fund a sojourn in Paris to learn practical astronomy. He arrived in Paris in December 1823 and was able to meet with and learn from many of the luminaries of French astronomy, science and mathematics. So equipped he returned to Brussels in 1824 and carried out the duties of Astronomer Royal with distinction until the end of his life (Steigler, 1986a, b). It is not, however, for that work that he is famous.

Serendipitously, while in Paris, he became aware that the French government was leading the world in its collection of what we would now call demographic data – the numbers of births, deaths, illnesses, criminal charges and convictions, etc in each year. Quetelet (as had others) became intrigued by the orderliness of some of this data, which was counter-intuitive given the prevailing religious doctrine of free will - if committing a crime such as murder was a matter of free choice, why a seemingly constant annual number of murders? As an astronomer he was familiar with the use of mathematics and physics to bring orderliness to observations of celestial bodies and so, on his return home and as a supplementary career to his official astronomical activities, he began to collect social data from sources throughout Europe. In 1835 he published a major 2-volume work *Sur l'homme et la developpement de ses facultes –Essai de physique sociale* [English translation

published in 1842 as *A treatise on man and the development of his faculties*, omitting any reference in the title to *social physics*[4]]. In this book and subsequent writings Quetelet introduced three key ideas which both greatly impressed his contemporaries (especially in England) and have resonated to this day (Porter, 1986; Steigler, 1986a, b).

Serendipitously, while in Paris, he [Quetelet] became aware that the French government was leading the world in its collection of what we would now call demographic data…

The first idea was his introduction of *l'homme moyen* – the average man. This began as a convenient way of summarising observations, but quickly took on a more metaphysical aspect – *if an individual possessed all the qualities of the average man he would represent all that is great, good, or beautiful* (Quetelet, 1842, p 100). The average of a group thus became a potent prototype or representative with respect to some aspect of human life and society and this idea meshed with the zeitgeist of mid-19th C Europe to become an enduring cultural meme (Porter, 1986). Quetelet's second idea was closely related to his first. In examining some of his data sets – such as the heights of soldiers – he noticed that the frequency distribution of heights in the sample resembled the Gaussian distribution. This distribution was very familiar to astronomers as describing errors of observation round the true value of some attribute of a celestial object (e.g., a star's brightness), and is familiar to us by Galton's term – *the normal curve*. This reinforced the notion of the average as being the ideal, with variance about the mean being due to error, so he could write *all our qualities, in their greatest deviation from the mean, produce only vices* (Quetelet, 1853, p 49). In contemporary psychology, deviation about a group mean is still called "error variance".

Quetelet's third idea of relevance to psychology has also had enduring influence. It was he who first suggested that, in studying human development over time, it would be more efficient to gather groups of people of different ages and measure some aspect of them, with the means of each group then used to represent developmental change over time, rather than laboriously follow individuals and repeatedly measure them over successive ages. Thus cross-sectional rather than longitudinal developmental research strategies were born (Johnson & Pennypacker, 1993) and continue to be widely employed to this day even though the limitations of the cross-sectional method are clearly recognised (Lerner, Agans, DeSouza, & Gasca, 2013).

Through his writings, presentations, and personal influence, Quetelet played a major role in the 19th C in advancing the field of social statistics and criminology, in influencing the development of mathematical statistics (although his own mathematics was not very good), and in promoting the founding of statistical societies (Steigler, 1986a, b). The list of those he influenced is long, ranging from Albert, Prince Consort to Wundt, included such scientific luminaries as Charles Darwin and James Clark Maxwell, and extended across the Atlantic to influence the American school of pragmatic philosophy to which William James belonged (Porter, 1986; Steigler, 1986a). Critically, for his importance to psychology, he directly influenced Galton. Galton was much taken by the notion of *l'homme moyen*[5] and was, in turn, a profoundly important influence on the development of mathematical statistics in the latter part of the 19th C, especially in the work of Karl Pearson (Porter, 1986; Steigler, 1986a).

Quetelet's legacy for modern psychology

As noted, Galton inspired (and funded) the development of an important school of mathematical statistics which led to major developments early in the 20th C. Two important figures are W.S. Gosset and R.A. Fisher. They gave the world the t-test (developed by Gossett) and the analysis of variance and covariance (ANOVA, ANCOVA), collectively called Null-hypothesis statistical testing (NHST), developed by Fisher, who also made major contributions to research design through the development of control groups and factorial designs (Wright, 2009).

Fisher published major works on research design and statistical analysis between 1925 and 1935 (Rucci & Tweney, 1980; Wright, 2009). By 1935 – a remarkably rapidly adoption – psychology researchers were using ANOVA (Rucci & Tweney, 1980). By the 1950s 80% or more of quantitative research published in psychology was using NHST (Hubbard, Parsa, & Luthy, 1997) and ever since these methods have been *taught in methods courses, written about in the methods textbooks, practiced in the laboratory, required by editors, published in the journals, and imitated by other researchers* (Blampied, 2013, p 178).

These statistical methods also came rapidly to dominate applied research, especially clinical research (Dar, Serlin, & Omer, 1994) reflecting the fact that, with the adoption of the scientist-practitioner model of professional practice by the rapidly growing profession of clinical psychology immediately after World War II (Raimy, 1950), clinical and applied researchers had also wholeheartedly adopted Fisherian NHST methods and analyses as the key element of 'science' (Blampied, 2013). Unfortunately, as Dar et al. (1994) clearly showed, clinical researchers, along with many

others, made many egregious errors in their use and interpretation of these statistical methods, a state of affairs that continues to the present (Fidler, Cumming, et al., 2005).

Thus for the past 60+ years both basic and applied research in psychology has pursued what Gordon Allport termed the nomothetic (inter-individual) approach (Allport, 1937). This is an expression of the direct legacy of Quetelet and his promotion of *l'homme moyen* as an ideal representation of a group or population. This approach seeks to understand psychological phenomena at the level of general laws operating at all times within populations - *l'homme moyen* regnant. Because this tradition has been so dominant in psychology since the mid-20th C few applied/clinical researchers have questioned its utility and appropriateness as the basis for the scientific, evidence-based practice of clinical and applied psychology.

Nevertheless, there has been a little-recognised current of criticism. Allport, for instance, noted that the *application of knowledge is always to the single case* (Allport, 1942), and Bergin and Strup (1972), in a study of the success of the (then) new scientist-practitioner ideal in clinical psychology, noted that there were widespread doubts that group statistical methods were suitable for the study of psychotherapeutic change. Such doubts have never been sufficient, however, to deflect psychology from its nomothetic course. Even the recent re-affirmation of the scientist-practitioner model of clinical practice via the adoption of the ideal of evidence-based practice from medicine (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996) has not changed this, although the APA Taskforce on Evidence-based Practice (2006) noted that evidence-based practice *starts with the patient* (p 273) rather than claiming a foundation in nomothetically-derived general principles.

It was he [Quetelet] who first suggested that, in studying human development over time, it would be more efficient to gather groups of people of different ages and measure some aspect of them, with the means of each group then used to represent developmental change over time…

A key question can thus be put as *Is there any alternative way of doing science?* If there is not then the nomothetic approach, for all its possible limitations, is the only foundation for the scientist-practitioner and her/his evidence-based practice (Blampied, 2013). As it happens, though, there is an alternative approach, one that can be traced back to France in the work of Claude Bernard.

The life and accomplishments of Bernard

Bernard was born into a winemaking family living near Lyon, in the Beaujolais region of France. His high school education did not last long, and he became an assistant apothecary while pursuing ambitions as a playwright. In 1834 he travelled to Paris with the hope of pursuing a theatrical career, but was advised by a mentor to seek another profession. He chose medicine, and upon graduation continued as a physiological researcher rather than a practitioner. He became, in time, one of the great physiologists of the mid-19th C, being responsible for the concept we now call homeostasis, recognising the role of the blood in transporting oxygen, and laying the foundations for our understanding of diabetes, among other accomplishments. From 1854 he held a government sponsored professorship at the Sorbonne and on his death was given a state funeral, the first such French scientist to be so honoured (Fields, 2006; Holmes, 1974).

In 1865 he published a book, written while recovering from illness, in which he outlined his thoughts about the proper way to conduct scientific research. His introduction *`a l'étude de la medicine expérimentale* (Bernard, 1985; translated into English as *An introduction to the study of experimental medicine* in 1927; Dover edition 1957) became in time a greatly esteemed statement of the principles of inductive, experimental science (Conti, 2001; Thompson, 1984). Notably, Bernard dissented strongly from the ideas of Quetelet on the supremacy of the average. Bernard was against the practice of averaging across data taken from different cases, saying *The use of averages leads necessarily to error* (p 134) and the true relations of phenomena disappear in the average (p 135). In a statement fully consistent with the APA's current definition of evidence-based practice he wrote *A physician, in fact, is by no means physician to living beings in general, not even physician to the human race, but rather, physician to a human individual* (p 92). Biologists and physiologists working in the later part of the 19th and early 20th C were influenced by Bernard to eschew averaging of their data (Steigler, 1986a).

Bernard's legacy for modern psychology

Claude Bernard's influence on psychology is much less direct and less easily discerned than that of Quetelet, and perhaps is yet to be fully developed. Bernard's eminence as a physiologist influenced several generations of physiological researchers, some of whom had influence on the development of psychology, among whom we can list

Pavlov, Loeb, and Crozier. Pavlov and Crozier were the scientists who most directly influenced B.F. Skinner as he developed the field of behavioural science known as the analysis of behaviour (Skinner, 1938; 1976). Notably, Skinner, like Bernard, was sceptical about the utility of group averages, and in a passage eerily reminiscent of one in the *Introduction to Experimental Medicine* (although Skinner at the time had not read the earlier book; Thompson, 1984) he wrote *The physician who is trying to determine whether his (sic) patient will die before morning can make little use of actuarial tables. … Individual prediction is of tremendous importance so long as the organism is to be treated scientifically* (Skinner, 1938 p 443-444).

Bernard was against the practice of averaging across data taken from different cases, saying The use of averages leads necessarily to error (p 134) and the true relations of phenomena disappear in the average (p 135).

Skinner and his students proceeded to demonstrate the utility of a science directed at achieving prediction of individuals' behaviour, initially in the experimental laboratory using non-human subjects, but he was the first to coin the term *behavior therapy* (Kazdin, 1978) for the application of such a science to individuals with psychological difficulties, and recognised that *Concepts and laws derived from such data are immediately applicable to the behaviour of the individual, and they should permit us to move on to the interpretation of behavior in the world at large with the greatest possible speed* (Skinner, 1953, p 78). Formal exposition of Skinnerian research principles came with Sidman's (1960) *Tactics of Scientific Research*, and the rapid development of an applied science – applied behaviour analysis, behaviour therapy, and later, cognitive-behaviour therapy – was assisted by the subsequent development of applied single-case research designs (e.g., Hersen & Barlow, 1976; Barlow, Hayes, & Nelson, 1984; see Blampied, 2013 for a fuller description of this history).

The Skinnerian single-case research tradition resonates with a perspective Allport (1937) called *idiographic*, which is concerned with understanding human uniqueness and focusses on the study of individuals – *whether it is a laboratory rat or a patient in the clinic with a psychological disorder, it is the individual organism that is the principal unit of analysis in the science of psychology* (Barlow & Nock, 2009, p 19). Although the idiographic position was dominant in early psychology, especially in clinical and personality research, it had been completely subservient to the mainstream nomothetic approach (with the exception of applied behaviour analysis and related areas) since the hegemony of NHST was established in the 1950s. There are, however, contemporary calls for the revival of idiographic science in psychology, not in opposition to nomothetic approaches but in integrative and complimentary ways (Barlow & Nock, 2009; Mollenaar, 2004). This is particularly pertinent in the context of any consideration of the contemporary relevance of the scientist-practitioner/evidence-based practice ideal to contemporary clinical psychology (Blampied, 2013).

An interim conclusion

Although we may not appreciate it, our professional work as psychologists, whether as scientists or as practitioners, takes place in the long shadow of Quetelet. Psychology has developed almost exclusively as a science committed to understanding the phenomena of behaviour, cognition, emotion, development, social interaction, psychopathology, personality, therapy, etc, solely in terms of group averages as representative of abstractions and idealizations at the general or population level. At least until recent times, however, criticism of this nomothetic approach (Meehl, 1978) has been muted and largely ineffectual.

Is such a scientific approach, a blend of the nomothetic and the idiographic, possible? I will try to give one answer to that question in a subsequent article (Blampied, 2014). I can give a hint, however, that I think the answer is "yes".

Times are, perhaps, changing; the legacy of Claude Bernard for psychology is no longer completely overshadowed and ignored. In addition to the persistent disquiet about the goodness of fit between group research and statistics and psychotherapy research and calls for psychology to be more idiographic, other concerns have grown. Not least among these are questions about the fundamental validity of the Fisherian NHST approach itself (Lambdin, 2012; Nickerson, 2000; Wilkinson & Task Force on Statistical Inference, 1999). Further, both psychological and health researchers have become concerned recently about a so-called "replication crisis" – the perceived failure of much mainstream research in psychology and psychopharmacology to replicate (Ioannidis, 2005, 2012; Pashler & Waggenmakers, 2012). On a more positive note there have emerged champions of new statistical methods, collectively called the *new statistics*[6] (Cumming, 2012, 2013; Klein, 2013), which are being strongly promoted and officially endorsed as alternatives to Fisherian NHST (American Psychological Association, 2010; Eich, 2014). These

developments have converged in recent times to give new impetus to a claim made more than 30 years ago by Barlow, et al. (1984)

> *Unanswered questions about individuals … will continue to puzzle the … practitioner as he or she works with whomever happens to appear. …* ***This … requires substantial alterations in … the way we do science****. … [we need] a methodology that highlights the individual and, at the same time, maintains the integrity of and empirical and scientific approach to the study of behavior.* (pp 52 – 53, emphasis added).

Is such a scientific approach, a blend of the nomothetic and the idiographic, possible? I will try to give one answer to that question in a subsequent article (Blampied, 2014). I can give a hint, however, that I think the answer is "yes".

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Footnote to title

This is a substantially revised version (and effectively only of the first part) of a keynote address – *Psychology in*

the 21st C – Getting over our addiction to p so our research can be evidence for our practice – delivered on the 31 August, 2014, at the New Zealand Psychological Society Conference, Nelson. I am greatly honoured by the Society for its invitation to deliver this address. The title contains a triple entendre. First, there is the obvious reference to the historical contributions of French scholars to psychology, the overt topic. Second, given that the talk was about "addiction to *p*" there is the reference to a famous film about the drug trade – *The French Connection* - released in 1971, receiving the Best Picture Academy Award in 1972. Finally there is a personal reference: On my father's side my whakapapa leads back, via Jersey in the Channel Islands, to France. My ancestors were Huguenots, a little known cultural and religious minority who achieved considerable social, political, and economic strength in France in the 16th C. Following the Massacre of St Bartholomew, which began in Paris on 24th August, 1572, and continued in other cities for some months thereafter, killing perhaps 30,000 Huguenots, they were recurrently persecuted. Thousands left France in subsequent decades for more hospitable places, first in Europe, and later in the Americas, South Africa, and elsewhere, including Australia and New Zealand. The outflow of Huguenots to England in the 17th C was sufficiently remarkable to give rise to a new English word: *refugees*.

Notes

1. See http://resources.iupsys.net/iupsys/index.php/iupsysresources/292-world-conferences-and-meetings/26856-1889-first-international-congress-of-psychology for more information about the 1889 Congress.

2. I will focus on contributions from the 19th C, making no reference to the major role played in the second half of the 20th C by French philosophers to the development of postmodernism and social constructionism (Rosenau, 1992), important though that has been to psychology.

3. There are several modern biographies of Bernard in English (e.g., Fields, 2006; Holmes, 1974) that cover his contributions to physiology and to the philosophy of science. They do not say much about his implicit influence on psychology (Thompson, 1984). Regrettably, there does not seem to be a modern biography of Quetelet in either English or French. Given the scope of his influences on the development of criminology, demography, psychology, sociology, and social statistics, not to mention his career in astronomy and meteorology, this is a significant lack. Quetelet is also famous for introducing the Quetelet Index, which we now know as the Body Mass Index (BMI).

4. Quetelet's use of the term social physics pre-empted Comte's use of the same term for the discipline he then called and we now know as sociology (Steigler, 1986a).

5. To do Galton justice, he also recognised (as Quetelet did not) the profound importance of variation, especially in living creatures.

6. This is not in any way new to professional statisticians; indeed one of the remarkable things about the mainstream nomothetic tradition in psychology is how old-fashioned its statistical methods are from the perspective of modern statistics.

A recent synthesis of the global special issue on poverty reduction has concluded that psychology needs to continue addressing wider situational and socio-political structures that constrain capability and potential, without losing sight of the person.

As a profession, we have to find better ways of articulating what we can offer; of how we can make a useful contribution towards migration-development debate and poverty reduction more widely.

In the new indigenous understanding psychological framework, indigenous knowledge is brought to the fore, providing a space to embrace an indigenised, context-laden, cultural-historical model of psychological research.

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Ending Poverty and Inequality? Toward Psychologies of Sustainable Development

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In September this year, the world will embark on what is arguably its most ambitious "grand plan" for human development ever – the United Nations' "Sustainable Development Goals" (https://sustainabledevelopment.un.org/focussdgs.html). Scheduled to run from 2015 to 2030, these ambitious goals have been designed through a process of global consultation that has included professional bodies in psychology, and are intended to accomplish what their predecessors – the 2000-2015 "Millennium Development Goals" (or "MDGs," Annan, 2000) - started but did not finish: End global poverty and inequality (Clark, 2013).

A core criticism of the earlier MDGs was that they did not extend sufficiently to so-called "Higher income countries" (like Aotearoa New Zealand), or drill down sufficiently from the macro-dynamics and economics of the "grand plan" into everyday life and work, for example at the level of organizational policies and practices (Easterly, 2006), inclusive business (UNDP, 2014), and opportunities for decent work (Carr, Parker, Arrowsmith, & Watters, 2015). The "S"DGs (from Table 1) thereby have more to say about such everyday human capabilities (Sen, 1999), and extend to all countries: For example, they exist to "empower all women and girls" (SDG 5), "provide access to justice for all" and "build effective, accountable and inclusive institutions at all levels" (SDG 16). Goals such as these begin to suggest that useful contributions might be made, and probably are being made, by psychology. Our modest aim in this brief overview is thus to add a little more 'definition' to those potential contributions, as part of our own sustainable development and contribution.

Psychology has long been in a bit of a dilemma with respect to poverty reduction: focusing on 'psychological' processes, e.g., as defined through an 'Anglo-American' worldview, runs the risk of implying, however unintentionally, that "the poor" are responsible for their own hardship, not structures and structural injustices – effectively, a fundamental attribution error (Carr, 2013). In 2010-13 a set of nine psychology journals, including the *New*

Zealand Journal of Psychology, set out to probe directly and precisely that kind of risk; cooperating with one another in a global special issue focused, across all nine journals, on psychology and poverty reduction (http://www.massey.ac.nz/massey/learning/departments/school-of-psychology/research/poverty/other-projects.cfm#global_issue).

A recent synthesis of the global special issue on poverty reduction has concluded that psychology needs to continue addressing wider situational and socio-political structures that constrain capability and potential, without losing sight of the person (Carr, Dalal, Gloss, Thompson, de Guzman, Munns, & Steadman, 2015). Specifically the report recommends that psychology as a social science discipline and profession might (a) concentrate on finding out what actually works to enable poverty reduction; and (b) apply what we know to ensure that research on poverty reduction is more (c) informative and (d) compelling to community stakeholders, organizations, and policy-makers (ibid, p. 215). In the rest of this piece, we illustrate (a) to (d) with case examples. These are framed around global mobility and global migration, specifically what macro-level policy has dubbed a "migration-[human] development nexus". In other words, migration is supposed to help people to prosper their way out of poverty. But, if so, how?

A recent synthesis of the global special issue on poverty reduction has concluded that psychology needs to continue addressing wider situational and socio-political structures that constrain capability and potential, without losing sight of the person.

(a) What actually works: Partnering with indigenous social-good enterprise

Auckland is home to approximately two out of every three people who identify as "Pasifika" in Aotearoa New Zealand. Finding decent work and a sustainable livelihood is a key concern for mobility to bring shared prosperity. Unfortunately low workforce participation rates and under-employment are commonly found amongst Pasifika peoples in Auckland. For example, compared with European-identifying migrants, who have a workforce participation rate of almost 80%, Pasifika peoples have a low of 56.2% (Allpress, 2013). When combined with high levels of unemployment amongst young people, Pasifika peoples have also been concentrated into narrowly defined, often lower-decile, suburbs in Auckland.

Based in Otahuhu South Auckland, the Tupu'anga programme obtains its strength from four psychological pillars of mentoring that are founded upon Pasifika values of support, love, humility, and respect (Afeaki-Mafile'o, 2007). Along with Tupu'anga mentoring, and its psychological ethos, came the concept and establishment of a *Community Café*. This provides users with a citizen-centric place-based approach to social service programmes for Pasifika communities. Specifically the café was envisaged as a place for inclusion and collaboration between individuals, families, community groups, businesses and government agencies. Run as a social enterprise (UNDP, 2014), the café serves and sells coffee from its own community-operated plantations in the Kingdom of Tonga, which provides decent work and wages for villages, as well as export earnings for the local community there. In addition, the café serves as a venue for trade in other Pasifika-made products. Third, this social enterprise enables free training and internships in hospitality for Pasifika youth. Fourth, the site is used for local business and/or community meetings, for example, by enabling performing arts events, having business facilities, and offering free Wi-Fi access for the public.

These and other indigenous social enterprises are an exemplar of what actually works when issues of poverty and inequality are flipped and addressed by local communities themselves, in effect self-empowerment. They show what can be achieved from self-organization in terms of shared prosperity across a diaspora and a migration-development nexus. They are partly based on social psychological and sociological notions of place and space, as well as psychologies of organisation and integration of tradition and modern technology, whilst remaining firmly aligned with Pasifika values and aspirations. Whether they are truly "sustainable" forms of poverty reduction only time will tell, however they are already relatively sustainable, and locally preferable, compared to the less attractive and less dignified options of unemployment, welfare marginalisation and economic exclusion.

(b) Applying what we already know: Disseminating skills in measurement

In addition to social enterprise development, one of the things that psychologists can of course do is to measure human attributes, attitudes and behaviour. How far and wide, exactly, do we manage to apply such skills? For instance, one major UN report on global migration blithely stated that "Moving abroad not only involves substantial monetary costs for fees and travel … but may also mean living in a very different culture and leaving behind your network of friends and relations, which can impose a heavy if *unquantifiable psychological burden*" (UNDP, 2009, emphasis added). Unfortunately this comment omits decades of research, including reliable and valid measures

on acculturation, culture shock, and adjustment, and societal factors that enable adjustment and integration (Furnham, 2010). Oversights like these are not uncommon (Berry et al, 2011). Thus a recent article ominously entitled, "*The psychology of poverty*", written by two prominent behavioural economists and published in no less than *Science* (Haushofer & Fehr, 2014) arguably (Carr, Munro, & Watters, 2014), completely overlooks more than half a century of psychological research on poverty *reduction* (including migration-development nexi).

As a profession, we have to find better ways of articulating what we can offer; of how we can make a useful contribution towards migration-development debate and poverty reduction more widely.

Let us not make a self-serving attribution here – the responsibility to raise our voices and when necessary speak truth to power is professional. As a profession, we have to find better ways of articulating what we can offer; of how we can make a useful contribution towards migration-development debate and poverty reduction more widely. That is all the more so perhaps in a 'high churn' country for mobility and cross-cultural encounters and learning, like Aotearoa New Zealand.

(c) An exemplar Discovery: New indigenous understandings framework

For Pasifika living in Aotearoa New Zealand, the process of research is problematised and colonised. Smith (1999) draws attention to this issue of the dominance of Western philosophies when she writes of the ways that power can be misused in the research process through the tendency of Western researchers to impose Western perspectives on unfamiliar Pasifikan knowledge landscapes, cultural dynamics, and value systems. Thaman (2003) takes this further, arguing that what is necessary is for Pasifikan peoples to de-colonize and purge Pasifikan realities of the trappings of Eurocentric constructs by "reclaiming indigenous perspectives, knowledge, and wisdom that have been devalued or suppressed because they were or are not considered important or worthwhile" (p. 2).

To this re-discovery end, various Pasifikan methodologies have been proposed to respond to the hegemonic Western colonisation of psychological research. Alefaio-Tugia (2014) extends the methodological concept of Talanoa to explore a deeper level of inquiry. This is the *Fa'afaletui*[1], which weaves together the various layers of knowledge derived from talking story, sharing, dialogical discussion, conversation, advice giving, laughter, and memories. Alefaio-Tugia metaphorically appreciates the use of this approach as *Galuola* – the Samoan wave that brings people in to a safe landing. The resulting framework is what Alefaio-Tugia terms "new indigenous understandings", or NIU psychology – an indigenised, context-laden, ecological model of psychological research, that is enriched with Fa'aSamoan cosmology and relational epistemology, and defined "in terms of culturally relevant criteria" (p. 28).

In the new indigenous understanding psychological framework, indigenous knowledge is brought to the fore, providing a space to embrace an indigenised, context-laden, cultural-historical model of psychological research. As demonstrated in the 2014 United Nations (UN) Small Island Developing States (SIDS) conference, teams of social scientists, which included psychologists, helped to showcase the importance of indigenous knowledge for disaster risk reduction. Through new indigenous understanding psychology, disaster contexts such as the post-tsunami Samoa of 2009 highlight how t*ama fanau* (children of Samoan heritage), either born in Samoa and now living abroad or Samoans born abroad, were key agents of support during the most critical times. Their ability to speak and understand the language, local cultural protocols, terrain and how villages operate fitted naturally – or in UN-speak "aligned" - with local efforts. The re-positioning and re-aligning of knowledge to foreground indigenous cultural knowledge has provided and will continue to provide new understandings in the re-discovery of sustainability psychologies for our South and West Pacific region. Thus it is through a widespread network that a community gains resilience.

(d) Persuading stakeholders to change

Is 'discovery,' or re-discovery, purely on its own ever enough to make a change, a difference? It has been argued that impactful 21st century citizenship with respect to ending poverty and inequality, by professions like ours, must entail "new diplomacies" (Saner & Yiu, 2012). As the name suggests, these new diplomacies are applications of what we know about persuasion, to enable research and theory to be taken up and utilised for the greater good, for real impact at policy-making and community levels (Carr, 2013). Getting recommendations about evidence-based sustainable good practice into journals is one thing. Enabling the findings to reach policy tables and enactment into law or company rules, though,

1 From Samoan: *Fa'a,* meaning in the manner of, or in the fashion of, *fale*, meaning house, and *tui*, meaning to weave together (Alefaio-Tugia, 2014; Tamasese, Peteru, Waldegrave, & Bush, 2005)

is another thing again. The paradox of empowerment is that it disempowers the powerful. If empowerment matters to people, it is naïve to believe that power will ever willingly give itself away. Action must lie in the hands of the multitude, precariat, proletariat (or whatever preferred synonym) forcing (preferably by peaceable means) a shift in the balance of power. If there is to be negotiation then it is amongst the many in search of solidarity; shared not monopolised prosperity.

Globalization means that many of the arenas for introducing good – safe, respectful sustainable, aligned - practices are inherently multi-organizational, cross-groups, and globally dispersed (for example, through global supply chains and the forms of human exploitation that they can sometimes enable). These contexts are diverse socio-culturally, socio-economically, and socio-politically. They require an expanded form of global community psychology (Marsella, 1998). A pertinent and nationally familiar example of what can happen, and not happen, is the globalizing campaign for "living wages," meaning wages that are not just legal minima but which meet the aspirations for a decent quality of life and work life, with some dignified participation in community life. Standards like these have the potential to enable comparatively more sustainable livelihoods, and to that extent at least may help to address any forced migration and related vulnerable employment in the first place.

Living wage campaigns in countries like Aotearoa/New Zealand, Cambodia, the United States and the United Kingdom, are consistent with a broader campaign by the International Labour Organisation for the promotion of "decent work" (meeting people's aspirations in their daily working lives). In Table 1 this entails ending poverty and inequality (SDG1) in part through SDG 8 - Promoting sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all (emphasis added). Although (of course) something more fundamental may ultimately be required in order to "end" poverty and inequality, such campaigns are nevertheless manifestations of what may be required for *relative sustainability*.

Living wage debates themselves however are often politically charged and heated, with one side contending that they are not the responsibility of business but the state education system ("skill the workforce up first", using education, shifting the cost burden to the tax payer), and others who argue equally loudly that paying living wages is the responsibility of employers or government mandate. Given apparent impasses like these, new diplomacies have a potential, perhaps, to help inform this debate and to help persuade stakeholders from all sides of the economic and political spectrum to find some common ground; a more sustainable solution.

A first new diplomacy highlighted in Saner and Yiu (2012) is "Re-framing."This can include linking an idea to an existing agenda, such as the SDGs (Table 1). Living wages are clearly linked through SDG 8. Second is a process of "agenda-setting," or what social and organisational psychologists, along with the UN, the labour-management-government structure of the ILO, and other major multilateral civil society groups, call 'goal-setting.'Third is "policy negotiation,"which entails finding shared, 'superordinate' goals to help foster awareness of inter-dependence. One such goal might be "shared prosperity" (Stiglitz, 2014). To the extent that living wages enable a sense of job security, workplace empowerment, fairness, job and life satisfaction, they may also enable healthier and happier employees and households, settled workforces, increased work engagement, and enhanced brand image (Carr et al, 2015). Fourth is "Standard-setting," which often requires alliances between fair-trade groups and socially responsive corporations. A living wage is itself a form of standard-setting, of course. Indeed we are currently gathering evidence about the monetary point at which people feel they are breaking free of poverty traps, here in Aotearoa/New Zealand (Carr et al, 2015). Fifth is exercising a"watchdog function", which includes speaking truth to power, e.g., through evidence-based policy briefs. Finally there is"whistle-blowing,"which relies for impact on credibility (trust and expertise), for instance, through quality controls in the peer-review process.

In the new indigenous understanding psychological framework, indigenous knowledge is brought to the fore, providing a space to embrace an indigenised, context-laden, cultural-historical model of psychological research.

Summing up, the psychologies of sustainable development are diverse and informative. Our biggest challenge, and opportunity, is arguably in the new diplomacies required to be persuasive; to have an actual impact. Doing so respectfully, in ways that are *aligned* with people's aspirations for their own continuing development, is key. On that note, we would like to end with a very important caveat and qualification. Ending poverty and inequality is an inherently interdisciplinary, multi-level issue. The existing socio-economic and socio-political systems themselves within which our examples may be framed can,

and should, be interrogated for their sustainability, too. Like others, we share concerns about the current system and its own capability to deliver equitable and sustainable human development. Unbridled "free market" metaphors and neoliberal models do not necessarily lead to shared prosperity, indeed they have been argued to lead to the reverse (Brady, 2009). At a pragmatic level, government-industry-labor dialogue can introduce checks and balances, but ultimately the issue of ending poverty and inequality is a lingering societal concern.

TABLE 1 – THE EMERGENT SUSTAINABLE DEVELOPMENT GOALS

GOAL 1 End poverty in all its forms everywhere

GOAL 2 End hunger, achieve food security and improved nutrition and promote sustainable agriculture

GOAL 3 Ensure healthy lives and promote well-being for all at all ages

GOAL 4 Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

GOAL 5 Achieve gender equality and empower all women and girls

GOAL 6 Ensure availability and sustainable management of water and sanitation for all

GOAL 7 Ensure access to affordable, reliable, sustainable and modern energy for all

GOAL 8 Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

GOAL 9 Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

GOAL 10 Reduce inequality within and among countries

GOAL 11 Make cities and human settlements inclusive, safe, resilient and sustainable

GOAL 12 Ensure sustainable consumption and production patterns

GOAL 13 Take urgent action to combat climate change and its impacts*

GOAL 14 Conserve and sustainably use the oceans, seas and marine resources for sustainable development

GOAL 15 Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss

GOAL 16 Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

GOAL 17 Strengthen the means of implementation and revitalize the global partnership for sustainable development

Source: http://www.undocs.org/A/68/970

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Psychology practice and the law: A framework for practitioners

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Practicing psychologists have considerable influence in the lives of individuals and are rightly held to legal standards of practice and privacy – this is law that applies to all practitioners. The work of some also intersects with the law and the work of courts and the legal profession regarding matters of mental capacity, forensic responsibility, and parenting or child welfare. Further, psychologists who have clients who are potentially dangerous to themselves or to others may work with the law providing for and regulating compulsory detention, assessment and treatment. As a former lawyer (note the disclaimer!) who has recently retrained in psychology, I attempt here to provide a brief general framework of the law affecting psychological practice to assist colleagues to place issues of specific interest into perspective. I address each of the three domains mentioned – (1) practice and privacy standards, (2) capacity and courts, and (3) compulsory detention – in turn. I also briefly address the Māori cultural appropriateness of legal processes, and, in passing, note some points of concern that I have in the intersect of psychology and the law. My hope is that this article – read together with the more specific and elaborated information in Seymour, Blackwell, and Thorburn (2011) – will help colleagues to feel they have perspective on the law pertinent to them.

The body of law relevant to all practicing psychologists, regardless of their scope, is that which establishes the professional standards of practice to which they must account either to individual clients or to public authorities, including standards relating to the handling of clients' personal information. Psychologists are first accountable directly to their clients under the common law (i.e. judge-made law based on precedent evolving through centuries, as opposed to law created by Parliament) of tort (i.e. the law specifying responsibility to others affected by our actions) for damages for causing personal injury as a result of negligent practice, and may also be accountable under the common law of contract (i.e. the law specifying responsibility to others with whom we have an agreement) in this case perhaps for breach of an 'implied term' regarding standards of competence.

Although the Accident Compensation Act 2001 (s.317) extinguishes the right

for patients to pursue damages for personal injury from a range of health practitioners in favour of the compensation provided by the Act, the only mental (as opposed to physical) injuries covered are those arising from (a) a physical injury, (b) witnessing a traumatic event at work, or (c) sexual abuse (pers com. John Miller, ACC law expert, 6 March 2015). This leaves psychologists exposed to accountability at civil suit for any other mental injury they may cause, and raises the need to retain professional indemnity insurance. (And note that the Act always allows suit for 'exemplary damages' designed to punish extremely bad behaviour – such as, I imagine, sexual abuse of a client by a psychologist – and insurance is unlikely to cover that.) The New Zealand Psychological Society and New Zealand College of Clinical Psychologists offer members professional indemnity cover at discounted premiums. New Zealanders tend not to be aware of the risks associated with such civil claims because we culturally tend not to be litigious, but much depends on the individual client, and our population is changing. Even if one is confident regarding one's standard of practice, there may be considerable expense involved in defending an unfounded claim. There is also the risk of significant expense associated with defending a complaint laid under the Health Practitioners Competence Assurance Act 2003 ('HPCA').

As members of a profession regulated under the HPCA, psychologists are also accountable to the Health and Disabilities Commissioner ('the Commissioner', s.64) and to the professional authorities established under the HPCA, namely the professional conduct committee of the New Zealand Psychologists Board ('NZPB', ss.71-83), and the Health Practitioners Disciplinary Tribunal ('the Tribunal', ss.84-105). Any complaint regarding a psychologist's conduct that has allegedly "affected a health consumer" is first considered by the Commissioner for any infringement of health consumer's rights (as defined by the Code of Health and Disability Service Consumers Rights Regulations 1996: 'the Code'). The Commissioner endeavours to negotiate resolution of any such infringement where appropriate, but if he or she considers that a psychologist's competence or fitness to practice is in doubt, can also refer the matter to the NZPB where it will be taken up by the professional conduct committee. The committee has power to hear evidence and to require the production of documents (ss.76-78). It can recommend to the NZPB that a psychologist's competence, fitness, or scope of practice be reviewed, and/or that a charge be laid with the Tribunal (s.80). The Tribunal hears charges of professional misconduct relating to malpractice, negligence, or conduct likely to bring discredit to the profession, and also charges relating to practicing without a practicing certificate or outside the psychologist's scope or conditions of practice (s.100). It can apply substantial penalties including cancellation or suspension of a psychologist's registration (effectively suspending or terminating their right to practice), imposing conditions on their practice, or imposing a fine (s.101). It is noted that the accountability to these statutory authorities is upon grounds much broader than those at civil suit in that an allegation of damages is not necessary, but only breach of a right under the Code or an allegation of substandard practice or that the profession has been brought into disrepute by the actions of a psychologist (although, obviously, behaviour which is alleged to have damaged a client is likely to attract the most serious attention and penalties).

New Zealanders tend not to be aware of the risks associated with such civil claims because we culturally tend not to be litigious, but much depends on the individual client, and our population is changing.

An aspect of professional conduct which is of especial importance, and which is regulated from multiple directions, is the handling of client information. I address this topic in three parts. First, as health practitioners, psychologists are subject to the Health Information Privacy Code 1994 promulgated by the Privacy Commissioner. This code ('the Privacy Code') covers all aspects of the handling of information relative to a client's case including its proper collection, storage, use, and disclosure, and effectively codifies many of the ethical guidelines regarding confidentiality and respect of clients' dignity recognised by our profession. For example, rule 11(2)(d) of the Privacy Code permits disclosure where it is believed to be to lessen or prevent a serious and imminent threat to the health or safety of the client or a member of the public, and a similar principle is described in clause 1.6.10(c) of the Code of Ethics for Psychologists working in Aotearoa/New Zealand (the 'Code of Ethics': Code of Ethics Review Group, 2012). However, where a psychologist works for a government entity, such as Child Youth and Family, the Official Information Act 1982 may apply to a request for information, such as by a guardian, about a young person. It is thought that in such a case the principle underpinning that Act, which favours disclosure in the public interest, could trump a prima facie

obligation to maintain privacy under the Privacy Code (Jefferson, 2011).

Second, as professionals who have gained personal information about clients in the course of their practice, the law of "professional privilege" may apply. The Evidence Act 2006 codifies the circumstances under which the evidence of a psychologist regarding communications with his or her client will be subject to professional privilege in court proceedings where the client is a party. In such circumstances, the psychologist is not at liberty to give such evidence unless the privilege is waived by the client. However, the legislation appears unhelpfully ambiguous as to which psychologist-client relationships are covered by the privilege, as does the only relevant commentary that I could find in the psychological literature, namely, Jefferson (2011).

Traditionally, professional privilege was applied to a deliberately narrow range of professionals (doctors, lawyers, and priests) for the purpose of serving the public interest in promoting frank discussion between these professionals and their clients which was considered to outweigh the public interest in having all relevant evidence presented to the court. The Evidence Act now includes "clinical psychologists" (only) in its specification of the privilege (s.59(2)) but defines that term (s.59(6)(b)) as a registered psychologist "who is by his or her scope of practice permitted to diagnose and treat persons suffering from mental and emotional problems". However, it is "demonstrable competence" rather than scope of practice that qualifies a registered psychologist to perform any given activity (New Zealand Psychologists Board, 2014). It is therefore not clear whether psychologists assessing and treating mental health clients under the "general" psychologist scope are within the ambit of the privilege. This matter needs elucidation, and the whole topic of privilege deserves more thorough consideration in professional training, in my view, because privilege obligations can be quite onerous on the professionals to whom they apply (e.g. requiring professionals to guard all client-related information, including even such meta-data as appointment information, from police search and seizure, even when guarding the information incurs arrest and detention in custody). Clarification would also be useful of how the privilege sits against the ethical duty (and privacy exception) to disclose to prevent serious and imminent harm.

Third, there is the law applicable to a psychologist giving evidence as an expert in family (i.e. parenting, welfare, or youth justice), general civil, or criminal proceedings.

There is a range of occasions upon which the expert opinion of a psychologist may be sought, e.g. in criminal proceedings, for determinations of pre- or post-trial matters like fitness to stand trial or victim impact, or, during a trial, for education of the jury as to the effects of certain psychological 'syndromes' (see Blackwell & Seymour, 2011). The obligations of expert witnesses are detailed in the Code of Conduct for Expert Witnesses (Schedule 4 of the Judicature Act 1908) and the guiding principle is that expert witnesses are not advocates for either party, but duty bound to assist the court impartially regardless of which party may call and pay them (rr.1-2). On the face of it, this principle is refreshingly simple, but in practice it can be challenging to remain impartial (Blackwell & Seymour, 2011).

Another area of law which all practicing psychologists must be aware of – though they may be affected by it infrequently – is that pertaining to legal 'capacity'. This concept varies by context, and the contexts include forensic responsibility, intellectual disability, and neuropsychological injury or disorder. In criminal proceedings, issues may arise as to the psychological fitness of the defendant to stand trial, whether the defendant could be regarded as 'insane' at law and therefore not responsible for his or her actions, or whether there are present or historic developmental, cognitive, or psychosocial factors that are relevant to sentencing. Sometimes such expert evidence will be obtained from a psychiatrist, and at other times from a psychologist.

Any complaint regarding a psychologist's conduct that has allegedly "affected a health consumer" is first considered by the Commissioner for any infringement of health consumer's rights…

Outside of the forensic context, issues of capacity may arise in the context of care for people who have intellectual disability and people who have brain injury or disease (e.g. dementia). The applicable legislation in those cases is the Protection of Personal and Property Rights Act 1988, which provides for the appointment of a welfare guardian and/or a property manager by the Family Court where an adult is found to be incapable of understanding the nature and implications of important decisions affecting their welfare, incapable of communicating their wishes on such matters, or incapable of managing their property affairs. That legislation also provides for the making of Personal Orders in relation to specific domains of the care (e.g. medical treatment or education) of partially incapacitated people, and for the taking effect of Enduring Powers of Attorney

(placing the care and/or property affairs of the donor in the hands of a person nominated by them) when the donor becomes 'mentally incapable'. Much of the application of this legislation is straight-forward because of the obvious and global mental incapacity of the person concerned, and the consent of interested parties. However, neuropsychologists can be called upon to assess capacity where the matter is unclear or contested. This can be a difficult task given the limited validity of neuropsychological assessment instruments for predicting everyday functioning (Lavelle & Barker-Colo, 2011). Anecdotal evidence indicates that the role of welfare guardian might not be well understood by health professionals generally (e.g. when their rights and historical knowledge are overlooked in the process of making changes to an incapacitated person's psycho-active medication). It is important to remember that the welfare guardian may be the incapacitated person's only voice of continuity over time.

The final domain of law I discuss relates to the compulsory detention, assessment and treatment of people with psychological problems who may be a danger to self or others, focussing on the Mental Health (Compulsory Assessment and Treatment) Act 1992 ('MH(CAT)'). In this domain, there is also legislation specific to people who abuse substances (the Alcoholism and Drug Addiction Act 1966: the 'ADA'), to criminal offenders (the Criminal Procedures (Mentally Impaired Persons) Act 2003), and to offenders who have intellectual disability (the Intellectual Disability Compulsory Care and Rehabilitation Act 2003). The law specific to offenders is relevant to practitioners in a specialist niche, and discussion can be found in Visser (2011). The ADA is seriously out of date, partially disused, and currently the subject of revision (Law Commission, 2010). I therefore do not discuss it either, other than to say that it provides for the commitment of "alcoholics" and persons addicted to substances to an extent that the addiction "is likely to cause serious injury to [their] health or is a source of harm, suffering, or serious annoyance to others or renders [them] incapable of properly managing [their selves] or [their] affairs" (ss.2-3) to certified institutions for treatment (such as Salvation Army Bridge Programmes: Law Commission, 2010).

Child welfare and youth restorative justice are among the few legal processes in New Zealand that have aspects that are compatible with Māori culture.

MH(CAT) describes a relatively straight forward, multi-staged, process for the compulsory detention, assessment and treatment of people who are danger to themselves or others because of the severity of their "mental disorder". The Ministry of Health has published lay-person-friendly guidelines to this legislation (the 'MH(CAT) guidelines': Ministry of Health, 2012) which includes useful flow charts of clinical assessment and judicial decision making pathways and there is a recent text edited by legal experts which addresses MH(CAT) in practice (Dawson & Gledhill, 2013). After shorter periods of detention for assessment authorised by a psychiatrist, a final order which lasts 6 months may be made by the Family Court, which can then be extended indefinitely. Orders may require either inpatient or community detention and treatment (the latter orders are referred to as CTOs, i.e. community treatment orders).

While, *prima facie,* MH(CAT) appears simple and practical, the application of it may not be straightforward. For example, although any person may apply for the assessment of a person about whom they are concerned (s.8), an application will not progress unless it is supported by the statement of a medical practitioner who has examined the person of concern within the previous three days (ss.8A and 8B), which may not be easy to arrange if the person of concern is neither in custody nor cooperative/ reliable, as may often be the case.

Also, the legal definition of "mental disorder" is quite complex and could cause problems for interpretation and application by psychologists working in the community and crisis intake professionals alike. "Mental disorder" is defined as "an abnormal state of mind" characterised by certain psychological phenomena (e.g. delusions or disordered mood or volition) of such a degree that "serious danger" is posed to the "health or safety" of the person concerned, or to others, or such that the "capacity of that person to take care of himself or herself" is "seriously diminished" (s.2). The looseness and breadth of this definition is further complicated by the technicality of an exclusion with regard to cases which may otherwise draw its attention "by reason only of… substance abuse or intellectual disability" (s.4(d)-(e)), since these are more appropriately dealt with under the legislation enacted specifically for them (noted above). The MH(CAT) guidelines elaborate on this exclusion, explaining that, "the presence of substance abuse does not preclude the use of the Act if the criteria for 'mental disorder' are otherwise met", and detail four examples by way of illustration, including dual diagnosis (p.15). However, it is asking a good deal of health professionals on the front line to make the correct distinction regarding substance use or intellectual

disability under the inevitable pressures of the situation. The definition also requires these people – who are used to thinking in DSM constructs and have no training in the law – to apply a novel legal definition which is described as "complex" even by legal experts (Dawson and Glendhill, 2013, assign a chapter to the topic: Dawson, 2013).

Of greater importance, however, may be the limitations to the effectiveness of MH(CAT) that result from over-stretched resources. It seems likely to me that behind the reluctance of the clinician (just mentioned) to consider my request was the practical consideration of stretched staff resources. Certainly, the experience of many New Zealand psychiatrists has been that the effectiveness of CTOs is limited by the availability of suitable accommodation, social support, and treatment enforcement (Romans, Dawson, Mullen, & Gibbs, 2004). However, when there is alignment of these resources with therapeutic factors, CTOs can provide the stability needed to assist patients to recovery and to early detection of relapse (Gibbs, Dawson, Forsyth, Mullen, & Re Oranga Tonu Tanga, 2004; Romans, et al., 2004).

Before closing, I address the Māori cultural appropriateness of the legal processes discussed above. Child welfare and youth restorative justice are among the few legal processes in New Zealand that have aspects that are compatible with Māori culture. The Māori approach to social order prior to colonisation focussed on values rather than rules, and Māori culture also emphasises whanau involvement and therapeutic objectives in addressing both child welfare difficulties and the hurt associated with injustice (Cooper, Rickard, & Waitoki, 2011). The less adversarial approach taken in some Family and Youth Court processes (e.g. mediation, family group conferences, and restorative justice) can be a more comfortable fit for Māori. However, tension may remain in that such processes are still state-controlled and emanate from a Pakeha world-view – the legal system remains a Pakeha culture bearer (Cooper, et al., 2011). Psychologists are called upon by Cooper, et al. (2011) to express their commitment to power-sharing under the Treaty of Waitangi, as endorsed by the Code of Ethics, by supporting Māori aspirations towards self-determination in legal contexts.

MH(CAT) makes an explicit attempt to recognise Māori culture. It requires that all those exercising power under it give "proper" recognition and respect to the cultural beliefs and whakapapa links of a patient, and to the contribution of such links to his or her well-being (s.5). It also requires medical practitioners to consult with a patient's family or whanau (s.7A) and to identify his or her "principal caregiver" (defined in s.2) and keep that person informed regarding assessments. Although these provisions are a step in the direction of better meeting Māori cultural concerns, in practice the frequency and initiation of consultation with whanau may still be lacking, and Māori may find the medical model, upon which psychiatry and MH(CAT) are premised, inherently alienating (Gibbs, et al., 2004). Nonetheless, Māori patients and whanau interviewed in one small study of their experience of CTOs generally felt that, on balance, their impact was beneficial, but they particularly valued the cultural support they were able to access through Māori mental health professionals and cultural programmes as a result of the orders (Gibbs, et al., 2004).

From this survey of the law relating to the practice of psychology – which is by no means comprehensive – the complexity of the interface between these two professions is apparent, and explains some of the points of concern that I raise. Both professional domains are tremendously powerful in the lives of individuals, and yet the territory at the interface is relatively sparsely traversed in the New Zealand psychological literature, and, to my knowledge, in psychological training. However, if one approaches the topic beginning with the overarching laws that apply to all practitioners all of the time, and then narrowing one's focus to laws which apply less broadly or less frequently, and then to laws applicable in specialist niches, I think it is possible for practitioners to gain sufficient perspective to feel a measure of confidence with the topic.

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The ENGAGE (*Enhancing Neurobehavioural Gains with the Aid of Games and Exercise*) Programme

Dr Dione Healey

Dr Dione Healey's broad research area is in childhood Attention-Deficit/Hyperactivity Disorder (ADHD). She is currently assessing the effectiveness of a novel early intervention programme that she has developed along with colleagues in New York *ENGAGE: Enhancing Neurobehavioural Gains with the Aid of Games and Exercise*. The programme is focused on developing self-regulation skills in hyperactive preschoolers.

She is the recipient of the New Zealand Psychological Society's Goddard Award for Achievement and Excellence in Research and Scholarship; and the University's Early Career Award for Distinction in Research. She has also been awarded an Emerging Researcher Grant from the Health Research Council to conduct a study comparing ENGAGE to a parent behavioural management training programme, *Triple P (Positive Parenting Programme*).

Dione joined the Department of Psychology at the University of Otago in 2008. She graduated with her PhD and Diploma in Clinical Psychology from the University of Canterbury in 2006. She then spent 2 years as a postdoctoral fellow at Queens College of the City University of New York, before returning to New Zealand.

The ENGAGE programme was designed in response to a few things that were coming up in the research about 10 years ago. Firstly, studies were repeatedly showing that while the standard evidence-based treatments for ADHD (i.e. medication and/or behaviour modification programmes) are very effective in the short-term, they have few lasting benefits once the active treatment is stopped. Therefore individuals need to take medication or be managed through behaviour management programmes long-term in order to manage the disorder. Secondly, at the time it was becoming very apparent that children with ADHD exhibited delays in brain development and deficits in neurocognitive functioning. Research, mostly on the elderly and rehabilitation following traumatic brain injuries, had shown that brains are able to be "trained' and that their functioning can be improved through intervention.

Taking these two areas of findings into account we wanted to develop a programme that had the potential for more lasting improvements in ADHD symptoms and the functioning of individuals with ADHD. Both medication and behavioural management programmes serve to *externally* regulate symptoms and do not teach individuals to manage their symptoms themselves. The goal of the ENGAGE programme is to teach young children to *internally* regulate their behaviours and emotions through improved self-regulation. ADHD can be seen as the extreme end of poor self-regulation with difficulties in regulating behaviour (e.g., over active, impulsive), cognition (e.g., can't focus or filter out distractions) and emotion (e.g., get frustrated easily, give up easily).

ENGAGE involves teaching parents and children a range of games involving self-regulation. For example games targeting

behavioural self-regulation include, musical statues where children transition from being active to still; leap frog where children have to patiently wait their turn while staying still; and animal speeds where children engage in activities at various speeds – fast, moderate, and slow. Examples of games targeting cognitive regulation include memory games where children have to remember which cards have already been turned over, copying games where children have to watch a sequence being acted and then repeat the exact sequence thereafter; and tracking games where children have to watch a number of cups being moved around to track the one known to have something under it, and be able to identify the correct cup after the cups have been moved. Finally, emotional self-regulation is taught through various child-adapted relaxation, and deep breathing exercises.

An initial trial of the programme showed that it led to significant reductions in ADHD symptoms and improvements in neurocognitive functioning in preschoolers who were identified as being at risk for ADHD. Most excitingly the behavioural improvements (i.e., reduced symptoms) were consistently maintained for 12 months after the intervention suggesting long-term improvements in self-regulation abilities.

We are currently running our randomised controlled trial comparing ENGAGE with the most evidence based psychosocial intervention for ADHD, namely behaviour management training. For this study Triple P is the comparison programme. The study is almost finished so watch this space for the results on how the two programmes compare in both the short-term (i.e., immediately post-intervention) and over time (i.e., up to 12 months post-intervention).

The Role of Psychology in Understanding the Benefits of New Zealand's Natural Spaces and Parks

Erin Hill, PhD

Erin completed her Doctor of Philosophy at the Auckland University of Technology (AUT) in 2012. Originally from Ontario, Canada, she completed her Bachelor of Arts degree from Laurentian University (Sudbury, Canada) in 2007 and her Master of Arts in psychology from Carleton University (Ottawa, Canada) in 2009. Erin's research focuses broadly on health psychology. She has conducted research on psychological factors influencing smoking and cervical cancer screening behaviours, and turned her attention to environmental factors that influence health and well-being during her time at AUT. While at AUT, Erin examined the relationship between noise sensitivity and diminished health and was also engaged in research on the relationship between neighbourhood perceptions and health-related quality of life.

In 2013, Erin joined the Department of Psychology at West Chester University of Pennsylvania as an Assistant Professor. At West Chester University, she teaches courses on aging, health behaviour, and positive psychology, and researches in the area of health psychology. Although no longer living in New Zealand, Erin continues to collaborate with psychology researchers in the Auckland region. The research presented in *Psychology Aotearoa* was supported by the Project Tongariro Memorial Award.

New Zealand is known across the world for being a beautiful country filled with stunning and dramatic scenery. Residents of New Zealand, in turn, benefit from access to natural space in both urban and rural settings; these spaces allow access to recreation, but also offer a range of health and well-being benefits (e.g., Hartig et al., 2014). Research in the area of public health and environmental psychology on the psychological and health benefits of nature has been mounting over the past few decades (Bowler et al., 2010; Hartig et al., 2014; Mitchell & Popham, 2008). This research largely highlights the benefits of access to natural spaces in terms of overall health and well-being. However, limited research has been conducted in New Zealand, a country where green and natural settings are accessible to the majority of its residents (Witten et al., 2008). It is important to emphasize the need for a psychological perspective in this area of study. While public health research offers evidence for the health and well-being benefits of nature at the population level, understanding the individual

factors in the relationship is needed to fully understand how natural settings can have a positive impact.

Although much of the academic literature on the benefits of nature has been on research conducted in North America and Europe, this area of research has been a recent subject of focus for New Zealand's Department of Conservation. Specifically, Blaschke (2013) reviewed and examined the health and well-being benefits of conservation and natural spaces in the context of New Zealand, with a focus on public conservation areas including scenic reserves and large wildness areas. In reviewing the international literature, Blaschke (2013) highlighted key health benefits associated with public conservation areas including physical activity, social capital (spaces for individuals to interact together, including hiking trails or beaches), and direct benefits including recovery from stress and attentional fatigue. Blaschke (2013) also proposed that volunteering within a natural setting may elicit additional health benefits, especially given the emerging research on the health benefits of altruism and volunteer experiences (e.g., Anderson et al., 2014; Poulin, 2014). Blaschke (2013) also highlights that, in comparison to many other countries, New Zealanders not only experience a large amount of green space both in urban and rural settings, but the majority of the population has access to 'blue spaces' – areas that involve access to coastal regions, oceans, lakes and rivers. Therefore, not only does New Zealand offer the opportunity for public health and psychology researchers to understand the benefits of green space, but it is also an applicable setting for understanding the role of 'blue spaces' in terms of their psychological and health benefits.

Importantly, Blaschke (2013) emphasizes that nature is a central part of the New Zealand identity; it is key factor influencing tourism and it is also central to the widely recognized symbols of New Zealand including the kiwi bird and silver fern. Given the role of nature in the lives of New Zealanders, understanding motivations for seeking such spaces, as well as the social, psychological and health benefits is an important area of examination. The interaction between person and environment is a complex area of study, which will not only rely on studies conducted from a public health perspective but also from the individual perspective. Previous research on the benefits of nature has identified theoretical frameworks for understanding the potential benefits of natural spaces. Specifically, Hartig et al. (2011) emphasized the stress recovery model, the attention restoration framework, and personal development as models that can be used to understand the potential health and psychological benefits of natural environments.

The stress recovery framework focuses on the physiological benefits from surrounding oneself or being exposed to a natural setting. This recovery model stems from Ulrich's (1983) psychoevolutionary theory, which states that nature has the potential to induce positive emotions, which can help to promote physiological recovery from stress. Ulrich et al. (1991) examined stress recovery through an experiment in which participants were shown a stressful movie followed by exposure to tapes (visual and auditory stimuli) that were either natural or urban. Stress recovery, measured through physiological parameters including heart rate, muscle tension, skin conductance, and blood pressure, was faster for the participants exposed to natural settings. Such natural settings may lead to more positive psychological responses including pleasantness and calmness, which, in turn, influence the physiological changes. This hypothesis has also been supported in recent research examining the physiological benefits of access green space (e.g., Thompson et al., 2012; Tsunetsugu et al., 2013; van den Berg & Custers, 2011).

The stress recovery framework focuses on the physiological benefits from surrounding oneself or being exposed to a natural setting

Further accentuating the potential value of the stress recovery model, individuals often choose to seek natural settings to relax and get relief from stress (van den Berg & Hartig, 2007). The stress reduction benefits of access to natural spaces can therefore occur in settings where there is little motivation (e.g., in a lab study) or in settings where motivation is a primary reason for seeking natural settings (e.g., choosing to go for a run along the beach or in a forest to relieve stress). These examples emphasize the need to study individual psychological factors including motivation in the context of the stress recovery model.

The other model emphasizing the benefits of natural settings from a psychological perspective is the attention restoration theory (e.g., Kaplan, 1995). The attention restoration theory posits that exposure to urban or non-natural settings demands significant attention resources, which, after prolonged exposure, leads to attentional fatigue (Kaplan, 1995). Loss of attentional resources, in turn, can lead to negative emotions including irritability, fatigue, decreased self-control and poorer performance on cognitive tasks (Hartig et al., 2011). Attention restoration can occur with every day events such as sleep, but Kaplan (1995) emphasizes that such restoration can also occur as

a result of exposure to natural settings. Such natural settings evoke what Kaplan (1995) termed 'soft fascination', a form of attentional processing that does not require a significant amount of attentional resources. In turn, attentional resources can recover in such natural settings, leading to improved concentration and cognitive performance following exposure.

The attention restoration model has been tested in both studies examining self-reported restoration (White et al., 2013) and experimental studies (Berman et al., 2008; Berto, 2005) This model may be particularly relevant for New Zealand given the range of natural settings that could stimulate soft fascination. As Blaschke (2013) noted, New Zealand is not only characterised by access to various forms of green spaces (e.g., parks within urban settings, day and multiday hiking trails), but also with access to blue spaces including oceans, lakes and rivers. New Zealand's largest cities and many other towns and communities have direct access to the ocean, which in turn is an accessible natural space that could easily evoke soft fascination. The cognitive benefits of such access could be explored in the attention restoration context.

The stress reduction and attention restoration are theories that have been well-researched in the context of the benefits of nature. In addition to these psychological theories, Hartig et al. (2011) noted that exposure to natural settings, including parks and conservation areas, also facilitate opportunities for learning and personal development. Indeed, this model relates to experiential learning and to therapeutic models grounded in structured wilderness programmes (e.g., D'Amato & Krasny, 2011; Greenleaf et al., 2014; Russell, 2012). Such programmes emphasize the potential for wilderness immersion programmes to improve overall well-being.

The learning and personal development model is particularly well-suited to New Zealand. Wilderness immersion programmes already exist in New Zealand including Outward Bound and Spirit of Adventure, and beyond these structured programmes, the natural settings and national parks of New Zealand offer opportunity for personal growth that can also be pursued at an individual level. For example, New Zealand offers nine "Great Walks", popular multiday hikes that not only offer exposure to various spectacular landscapes and settings, which also can be physically demanding for the participant. The experience and personal benefits of such multiday hikes have been examined in relation to the Inca Trail experience (Cutler et al., 2014), but no research to date has examined these benefits in relation to opportunities in New Zealand. Pain and struggle emerged as a theme in Cutler and colleagues' (2014) research, and overcoming such struggle on multiday hikes may be an important aspect related to the personal growth associated with a nature experience.

In addition to multiday hikes, New Zealand also offers various single day hikes that may offer similar personal growth opportunities for its participants. For example, the world-famous Tongariro Alpine Crossing, a popular one-day tramp for New Zealand residents and tourists, is a 19.4km journey that involves hiking at various altitudes and exposure to dramatic scenery including volcanoes and craters. Thus, the various nature reserves and national parks in New Zealand offer an opportunity for researchers to understand the personal growth that can occur in such settings, which in turn, may also offer benefits to the participant in terms of their mental and physical well-being.

In addition to the direct psychological benefits of exposure to nature, there are also indirect effects by which access to natural settings can positively influence an individual's overall well-being. Both physical activity and increased opportunity for social cohesion have been identified as potential mediators of the relationship between access to natural settings and health and well-being (Blaschke, 2013; Harting et al., 2014, Maas et al., 2008). Physical activity, a well-established predictor of health and wellness (e.g., Warburton et al., 2006), may play a key role in understanding the psychological and health benefits of nature (Blaschke, 2013; Hartig et al., 2014). Access to natural settings in terms of trails and parks can facilitate physical activity (Schipperijn et al., 2013), a relationship that has been found to persist even after controlling for deprivation and neighbourhood factors (Coombes et al., 2010).

Both physical activity and increased opportunity for social cohesion have been identified as potential mediators of the relationship between access to natural settings and health and well-being.

Access to green space and exposure to natural settings can also facilitate social relationships, which, in turn, may be another indirect pathway in the link between natural settings and well-being (Blaschke, 2013; Hartig et al., 2014). Social capital (trust and reciprocity), social cohesion (connectedness) and decreased social isolation are well-established predictors of health and well-being (Kawachi & Berkman, 2000). Social relationships decrease stress levels, help to improve health behaviours and facilitate overall mental well-being. Importantly, natural settings offer a place for meaningful social connections to be established. Family gatherings can occur in a variety of natural settings

including the beach, urban parks, and public conservation areas. Therefore, access to natural settings can also promote health and well-being through its facilitation of social cohesion and promotion of social capital.

New Zealand offers a unique opportunity for psychology researchers wishing to further examine the relationship between nature and health and well-being.

In conclusion, there is mounting evidence to support the positive benefits of natural settings in overall health and well-being (e.g., Blaschke, 2013; Hartig et al., 2014). New Zealand offers a unique opportunity for psychology researchers wishing to further examine the relationship between nature and health and well-being. Specifically, in contrast to some cities in North America and Europe, the majority of New Zealanders have access to a variety of green and blue spaces (Witten et al., 2008). Furthermore, there is also some evidence that exposure to natural settings may promote pro-environmental behaviours (e.g., Zelenski et al., 2015), which in turn, could be an additional benefit to the population of New Zealand. Bell et al. (2014) emphasized that much of the research on the benefits of natural settings has been examined from a public and population health perspective, and therefore, there is a need to understand individual factors involved in the relationship. Examining the individual differences in motivation for seeking natural environments and benefits of nature among the New Zealand population will help psychology researchers further contribute to this important emerging area of study.

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Mindful Self-Compassion (MSC) Training in New Zealand

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Anna Friis is a registered health psychologist and Mindful Self-Compassion teacher, trained by Drs Kristin Neff and Christopher Germer. She is currently completing a PhD at the University of Auckland's School of Psychological Medicine, her topic being the mental and physiological health benefits of self-compassion. She is committed to helping people discover mindfulness and self-compassion as pathways to well being, working with both individuals and in the corporate sector. She is a devoted practitioner of yoga and meditation.

Kristy Arbon, BA (Psych.), BSocAdmin, is an Australian living in the United States. She is the Administrative Director the Center for Mindful Self-Compassion (CenterForMSC.org), founded by the creators of the MSC program, Kristin Neff, PhD, and Christopher K. Germer, Ph.D., is a trained and experienced MSC teacher and has assisted or co-taught with Chris and Kristin since 2012. She has practiced meditation and mindfulness, mainly in the Buddhist tradition, for 25 years.

Mindful Self-Compassion (MSC) is an empirically-supported program designed to cultivate the skill of self-compassion. Participants will learn and apply the three key components of self-compassion to cultivate a courageous attitude that stands up to harm, including the harm that we inflict on ourselves through self-criticism, self-denial, or self-absorption. Self-compassion provides emotional strength and resilience, allowing us to admit our shortcomings, forgive ourselves, motivate ourselves with kindness, care for others, and be fully human.

Program activities include:

Meditation, short talks, experiential exercises, group discussion, and home practices. The goal is to provide a safe and supportive environment for exploring how we typically respond when difficult emotions arise and to provide tools for becoming a warm and supportive companion to ourselves. The emphasis of the program is on enhancing emotional resources and personal capacities.

At the completion of this activity, participants should be able to:

- respond to feelings of failure or inadequacy with self-kindness
- begin to transform difficult relationships, old and new, through self-validation
- motivate themselves with encouragement rather than self-criticism
- relate to difficult emotions with greater moment-to-moment acceptance
- teach simple self-compassion practices to patients, students, or clients

This program is designed for members of the general public, as well as for professionals who wish to integrate self-compassion into their work. Meditation experience is not necessary to participate in this 5-day program. All are welcome!

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Planet of the Apps: Prognostications of Smartphone and Mobile Technologies for Clinical Psychology in Aotearoa

Armon J. Tamatea & Dennis de Jong

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"The question is not so much where we are as when we are" (Jacobs & Schaffner, Planet of the Apes, 1968)

In *Planet of the Apes*, a classic 1960s science-fiction film about three astronauts who are stranded on a futuristic planet where highly intelligent apes rule and humans are slaves, the central struggle for the human protagonists is their confrontation with a new world order where the unspoken rules of nature have changed and they have to (rapidly) come to terms with their strange new environment. In similar fashion, the sweeping uptake of mobile technology in the portable form of smartphones and tablet computers stands to change the rules of the game in how psychologists conduct practice, research, and even how we relate to our clients.

In this paper, we briefly discuss the implications of clinical practice at the interface of mobile app technology and comment on some of the foreseeable possibilities and potential problems with the adoption of smartphones and portable devices in clinical contexts.

Application software, also known as an application or 'app', is a programme designed to allow the user to perform a range of functions, tasks, or activities, and includes a variety of interactive educational environments, high definition games, media platforms (e.g., YouTube), and workplace activity (e.g., word processing) amongst others. Apps, particularly for portable devices, are a rapidly growing industry. For instance, as of 2014, more than 75 billion apps were downloaded from the Apple App store (Perez, 2014). Currently, the most popular app categories are games (21% of all uploads), followed by business (10%), and education (10%). A Frost & Sullivan report (2013) projected that 90% of New Zealanders will own a mobile phone and 78% will possess a tablet computer or similar device by 2018, suggesting that our communities have engaged in the new media with a sweeping acceptance.

The increased accessibility of this tele-technology means that mobile phones are becoming an increasingly important platform for the delivery of health interventions (Doughty, 2011; Klasnja & Pratt, 2012), with smartphone apps designed to support healthy lifestyles (so-called 'mHealth') by facilitating and/or monitoring activity such as diet, exercise, and meditation (Handel, 2011), as well as patient self-management tools with examples of behaviour change approaches delivered by mobile phone to facilitate adherence to relatively discrete behaviour modification regimes such as vitamin intake (Cocosila, Archer, Haynes, & Yuan, 2009) and smoking cessation (Abroms, Westmaas, Bontemps-Jones, Ramani, & Mellerson, 2013; Free et al., 2011), to more complex clinical

issues such as social anxiety (Dagöö et al., 2014), obsessive-compulsive disorder (Whiteside et al., 2014), suicidality (Bush et al., 2014), and borderline personality disorder (Rizvi, Dimeff, Skutch, Carroll, & Linehan, 2011). Indeed, the strategic use of 'everyday' tele-technologies affords opportunities to advance therapeutic benefits – bridging the gap between healthcare and the home as well as expanding the frontiers of therapeutic contact, and also developing greater efficiency in healthcare delivery. The relatively small but increasing number of psychological health-related apps that have been developed recognise the unique attributes of smartphone and device technology, bringing into dialogue the promise of increased possibilities at the interface between psychology and mobile technology that is likely to grow, bringing with it a host of potential innovations in clinical practice.

… the strategic use of 'everyday' tele-technologies affords opportunities to advance therapeutic benefits – bridging the gap between healthcare and the home…

"If this is the best they've got around here, in six months we'll be running this planet": Strengths and possibilities

One does not have to look far in order to ascertain the benefits of mobile technology in our everyday lives. Smartphone technology offers opportunities to extend the reach of psychological interventions beyond the physical boundaries of the clinical setting into clients' real world situations. Klasnja and Pratt (2012) described mobile phones as a 'particularly attractive avenue for delivering health interventions' (p. 185) because of (1) the widespread adoption of phones and devices with increasingly more powerful capabilities, (2) *accessibility* via the usually constant physical proximity between users and their phones, (3) the emotional *attachment* individuals have with their phones (e.g., personalised ringtones and social networking), and (4) context *awareness* features (e.g., GPS location tracking, movement detection) that means phones store a considerable deal of information about their user. This data can be utilised in feedback and feedforward loops with customisable apps that promote and monitor self-management programmes such as nutrition and weight management, health conditions (e.g., diabetes, blood pressure), fitness, relaxation, and addiction recovery (Handel, 2011). Other clinically-relevant benefits include:

Communication. The ability for clinicians to communicate with clients who reside in remote areas or at some distance from the clinician's office offers potential value for those who may not have the physical capacity, economic resource, or - in the case of severe social anxiety or agoraphobia - the requisite skills to participate effectively in (relatively) intensive social encounters *in situ*. The communication-friendly aspect of tele-health approaches offers greater autonomy for clients at early stages of clinical engagement.

Customisation. Devices and smartphones have the capability to collect (and even interpret data) in real time offers an enhanced facility to tailor treatment plans with individual clients. Capturing biometric data in real time can greatly assist in triangulating assessment sources with an objective and ongoing data source and gets around the problem of having to wait for the next scheduled appointment and rely on clients' self-report (and biases). For instance, the ability of mobile phones to detect physical activity and other indices of bodily functioning (e.g., heart rate) can readily - and unobtrusively - inform weight-reduction interventions (Lathia et al, 2013).

Confidentiality. The ability to lock and protect sensitive information in a portable device offers an attractive alternative to managing physical products that contain sensitive and compromising material. For instance, storing electronic versions of relapse prevention/safety plans into a password protected app circumnavigates the need for monitoring sheets littering the house and may even be a viable alternative for clients who do not wish to have physical copies of their psychological reports, especially if they are likely to fall into the wrong hands.

Crisis and complexity. Although the pathways to self-harm behaviour are varied and complex (Fowler, 2012), recurrent suicidal behaviour is a defining characteristic of borderline personality disorder (BPD) (Soloff & Chiapetta, 2012). Indeed, patients with BPD are often high users of health care and can present with multiple crises in addition to self-harm behaviours creating challenges for mental health clinicians in New Zealand (Brassington & Krawitz, 2006; Krawitz & Batcheler, 2006). The lifestyle challenges posed by individuals who have borderline traits, particularly emotional dysregulation and impulsivity, means that the strategic use of mobile apps can assist with therapeutic 'scaffolding' between in-person encounters, presenting important opportunities to better assist vulnerable individuals to generalise treatment gains by improved self-management of emotions and behaviour as well as reduced reliance on mental health professionals (and health services more broadly).

"Well, at least they haven't tried to bite us": Potential problems

Privacy. Data captured from mobile apps raises privacy concerns. For instance, information captured from the GPS sensor might reveal locations that the individual does not want to share (Lathia et al, 2013). Furthermore, apps that are designed as part of an intervention regime rely on access to very sensitive data about the individual. Clinicians who utilise apps as part of their routine practice would need to consider what data is collected, for what purpose, and how it is stored. In addition, the lack of standards and global regulations raises further issues as to how much information is potentially viewable by third parties (e.g., developers and administrators), not to mention the ever-present possibility of malicious apps that also collect personal information and exploit it in various ways.

Devices and smartphones have the capability to collect (and even interpret data) in real time offers an enhanced facility to tailor treatment plans with individual clients.

Professional competence. The day-to-day usage of mobile technology is a greater reality in the lives of clients than ever before. A critical appraisal and the safe and competent use of mobile technology relies on a degree of digital literacy on the part of clinicians. However, the extant literature suggests that clinical psychologists have been relatively slow (compared with the diet, nutrition, and general health communities) in its acceptance and uptake of this technology in a systematic manner. Psychologists who are neither familiar nor confident with mobile and digital technologies run the risk of falling out of touch with their clients and their everyday contexts as they are living it, especially young people who are likely to be far more conversant with current technology than most adults. Institutional reasons for a slow uptake of mobile technology by organisations that employ psychologists may involve infrastructure costs and the expense of upskilling staff - and, arguably, reflect (1) an imposed resistance due to logistical problems (e.g., mobile phones are prohibited in prisons), and (2) a collective resistance to considering alternative forms of practice; clinical psychology is, amongst other things, a profession predicated on developing healthy relationships, and the weight of practicum experiences in training programmes emphasises interpersonal communication as a core assessment focus. In any case, this lack of engagement may impact on future therapeutic relationships and create barriers for client responsiveness to interventions if therapeutic approaches are seen as old fashioned, irrelevant, or simply not in sync with the client's realities. Such missed opportunities for treatment engagement would be unfortunate given that a number of mobile apps have been designed in accordance with a range of established therapeutic modalities, such as interpersonal psychotherapy and cognitive-behaviour therapy (Dagöö et al., 2014), behavioural activation (Ly et al, 2014), acceptance and commitment therapy (Ly, Dahl, Carlbring, & Andersson, 2012), and dialectical behaviour therapy (Rizvi, Dimeff, Skutch, Carroll, & Linehan, 2011).

Plurality. Like much of the clinical arena, we need to know more about the impact and role of cultural difference in digital literacy, uptake, and engagement. The individualisation of smartphones suggests a greater amenability to atomistic philosophies of treatment where careless application may promote therapeutic engagement in a decontextualised way. Klasnja and Pratt (2012) identified the leveraging of social influence as an intervention strategy, but one that was largely restricted to text messaging. For Māori and Pasifika clients, who are likely to have overt and active support systems, a critical question may be finding space for how whanau and family fit into tele-health practices.

Psychologists who are neither familiar nor confident with mobile and digital technologies run the risk of falling out of touch with their clients and their everyday contexts as they are living it, especially young people who are likely to be far more conversant with current technology than most adults.

Possession. Mobile interventions are ineffective if clients either do not have access to, or even lose, their phones! Many individuals who seek or are directed to clinical interventions come from socioeconomically challenging environments. Smartphones are not cheap, and those that are most likely have accompanying long-term plans that may prove to be untenable as an ongoing expense.

"What evidence? There were no weapons in that cave": Some next steps

The need for research and ethical considerations to catch up with innovation raises critical questions for clinicians contemplating the uses of mobile technology in practice.

Identifying knowledge gaps. Arguably, if apps are, in part at least, to be exploited for their measurement functionality, then surely the same rigour that we would subject other kinds of psychological measures would apply here too. Consideration of the development of gold standards is an advised step, as research that informs the reliability and validity of a given app would offer the advantages of legitimising the technology for the purpose for which it was designed.

However, given the multiple channels of data that an app could conceivably capture, careful thought has to be put into what is being standardised (Kumar, 2013).

Identifying needs. A critical exploration of the kinds of functionalities that could be enhanced and/or replaced by mobile technology in the wide variety of applied settings that clinicians in New Zealand work would offer benefits to diverse groups that have differing needs. For instance, individuals with offence histories, risk-taking proclivities, older persons with environmental challenges, problems with emotional stability are some conspicuous areas for development. Furthermore, the institutional use of apps to develop client monitoring systems to inform research and improved health care that promotes streamlined and better co-ordinated service delivery would undoubtedly be welcomed (Pawar, Jones, van Beijnum, & Hermens, 2012).

Identifying expertise. A third area of development would be the inclusion of technical experts as part of a research and development service group (Biswas, Aad, & Perrucci, 2013; Santangelo, Koudela, & Ebner-Priemer, 2012). The incorporation of technical specialists within organisations and working in conjunction with multi-disciplinary teams would allow for more nuanced and effective technology that brings technological expertise and clinical insights into dialogue to develop nuanced apps that are aligned with organisational objectives, clinical experience, and end-user/client needs, as well as the need to develop privacy solutions for apps to protect sensitive data.

"You know the saying, 'Human see, human do'": Final thoughts

The adoption and use of tele-technology as an adjunct to clinical practice and therapy offers the promise of facilitating and enhancing positive outcomes for clients across a range of clinical outcomes. However, given the relative newness of this technology, no specific ethical or practice guidelines for psychologists, and a lack of evidence-based process and outcome research, the universal endorsement of apps in clinical practice is, arguably, premature.

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An Interview with Music Therapist Heather Fletcher

In collaboration with Alison Talmage, NZRMTh & Chair of Music Therapy New Zealand

Heather Fletcher BA (Hons); Grad Dip Music Therapy; Grad Cert Child & Adolescent Mental Health is a New Zealand Registered Music Therapist, Health & Care Professions Council Registered Music Therapist, UK and President, Music Therapy New Zealand.

What is music therapy?

Music therapy is the planned use of music to assist with the healing and personal growth of people with identified emotional, intellectual, physical or social needs (Music Therapy New Zealand, 2015).

Where do music therapists work?

Registered Music Therapists in New Zealand are employed in a variety of health and education settings, including hospitals, hospices, day care centres, the Raukatauri Music Therapy Centre, schools, pre-schools and private practice. Client groups include: infants and toddlers, children with special educational needs, adults with intellectual and physical disabilities, infant child and adolescent mental health, adult mental health, rehabilitation (including ACC-funded), aged care and palliative care.

Does music therapy have an evidence base?

There is an increasing body of international research which is demonstrating the efficacy of music therapy in a range of settings and client groups, and which has been the subject of several Cochrane Reviews. Music therapists have presented and published their work in the *New Zealand Journal of Music Therapy* and other international, peer reviewed journals. Music therapists have also presented at conferences in New Zealand and overseas, including conferences relating to music therapy, autism and education. There is also an increasing catalogue of books and book chapters on the subject of music therapy, which features research, case studies and music therapy approaches (Talmage & Molyneux, 2014).

More substantial research has been undertaken as the profession has grown – for example doctoral research in special education consultation at the New Zealand School of Music (Rickson, 2014), collaborative research into goal setting and review in music therapy for children with special needs (Molyneux et al., 2012), and a Health Research Council funded feasibility study at the University of Auckland (Talmage et al., 2013; Talmage et al., 2014).

The MMusTher course includes training in research skills and graduates' theses and exegeses have covered a wide range of clinical contexts, and benefits from PhD research by Associate Professor Dr Sarah Hoskyns focusing on the integration of research and practice in the Master's course (Hoskyns, 2013).

Dr Daphne Rickson, senior lecturer at the New Zealand School of Music, has also developed a particular interest in critical approaches to music therapy which involve enabling marginalised people to access appropriate music resources towards increased and valued, participation in their communities. She facilitated a participatory action research project, funded by the IHC Foundation, enabling young people with intellectual disability to "music" and research in a university environment (Rickson et al., 2014). This research team (including Dr Rickson, twelve young researchers with intellectual disability and two music therapists) won the 2014 MUSICworks Young Researcher competition of the Australia and New Zealand Association for Research in Music Education (ANZARME) (IHC, 2014).

Recently in New Zealand there has been a particular focus on the impact of music therapy on people living with neurological conditions. The 2011 SPICCATO mixed methods feasibility study (Stroke and Parkinson's: Investigating Community Choirs and Therapeutic Outcomes) has provided preliminary evidence for a positive impact on quality of life and aspects of speech and language rehabilitation for people who have Parkinson's

disease or aphasia due to stroke (Talmage et al., 2013; Talmage et al., 2014). Participants were existing members of the CeleBRation Choir, established in 2009 by the University of Auckland's Centre for Brain Research (www.cbr.auckland.ac.nz/choir). The clinical protocol draws on neurological research, research about the health benefits of singing, and community music therapy. A similar approach has been implemented by the Cantabrainers Choir, Christchurch, established by Therapy Professionals.

Dr Michael MacAskill, Research Director of the New Zealand Brain Research Institute, says:

> *"The benefit of the inclusion of music therapy in the treatment of people with neurological conditions is now widely recognised. It goes beyond being just an enjoyable pastime, there are many measurable beneficial clinical effects and of course the impact on the wider family and the joy that comes from the weekly choir sessions is invaluable"*
>
> (New Zealand Music Foundation, March 2015).

In addition, Music Therapy New Zealand's Special Interest Group: Health (SIG:H) is a New Zealand-wide network of MThNZ members with a particular interest in music therapy in health contexts, including DHBs, hospitals, ICAMHS, hospice, rest homes, and in private practice. SIG:H is proactive in collating and disseminating knowledge about music therapy research and professional practice, for example in hospice care and dementia care.

How is music therapy applied in relation to mental health?

This will depend on the needs of the individual client. Working in an Infant Child & Adolescent Mental Health Service, I work with children aged 0 to 18 years who present with a variety of issues including attachment, behavioural and psychiatric disorders, including autistic spectrum disorders. Cases I have worked on include:

- Working with an infant-mother dyad, focusing on the parent-child interaction to address attachment issues;
- Engaging a six-year-old boy with ADHD in musical activities in order to build social skills, such as listening, sharing and turn-taking, and develop strategies to help with attention and concentration;
- Working psychodynamically with an adolescent girl addressing issues relating to grief and suicidal ideation, through musical improvisation and songwriting; and
- Working with an adolescent boy with autism, facilitating engagement and developing communication skills through joint music making.

I also work in an acute adult psychiatric in-patient unit where I run a music therapy group once a week. Here the therapeutic goals are to provide an opportunity for a shared experience with music; reduce isolation; increase confidence and improve people's general sense of well-being.

What might a typical music therapy session look like?

A 'typical' music therapy session will vary according to the needs of the individual client or group; the context in which the music therapy is taking place, e.g. school, hospital, hospice, community; and the theoretical framework adopted by the therapist, e.g. humanistic, psychodynamic, behavioural. It is usual for a client to be an active participant in a music therapy session, although they do not need any musical skill or experience. This shared musical experience or 'musiking' may take the form of playing, singing / vocalising, songwriting, moving or drawing to music, or listening; and may be structured or unstructured. Music therapists may also adopt receptive methods of music therapy, i.e. playing or singing for a client, particularly when working with clients with high and complex needs or who are in the end stages of life.

What do music therapists study in order to become qualified?

In New Zealand, the recognised qualification is a Master of Music Therapy (MMusTher) degree, or equivalent if the therapist has trained overseas. The music therapy programme is two years in length and includes principles and methods study, clinical training experiences (practicum), world musics and an examination of the relationship between the music of different cultures and clinical work in music therapy, research approaches in music therapy and casework / research projects. In addition to studies in Wellington, students may also have clinical placements at varied settings throughout New Zealand. Students gain clinical experience (1,200 hours) and receive ongoing supervision during the course from a number of New Zealand's Registered Music Therapists. Successful graduates are eligible to apply to the New Zealand Music Therapy Registration Board to become a Registered Music Therapist (NZRMTh). Entry requirements for the MMusTher include previous relevant bachelor's degree, psychology-related papers to at least 25 points, and a comprehensive musical training with bachelor's-equivalent performance level.

Do music therapists work in conjunction with other health professionals?

Music therapists almost always work in collaboration with other health professionals, be that in a school setting

working in conjunction with teachers, speech and language therapists, occupational therapists and/or physiotherapists, or in a clinical setting working in conjunction with medical and allied health professionals. This work might take the form of a trans-disciplinary approach, whereby the music therapist works together with another health professional in the same session (Talmage, forthcoming; Twyford &Watson, 2008), or they may provide music therapy as part of a multi-disciplinary team (Fletcher, forthcoming). New Zealand Registered Music Therapist Dr Daphne Rickson has also developed a music therapy school consultation protocol for students with high or very high special educational needs (Rickson, 2010, 2012).

How many music therapists are there in New Zealand?

There are currently 65 New Zealand Registered Music Therapists.

A Registered Music Therapist must hold a current practising certificate (PC) in order to practise music therapy in New Zealand. In order to renew their PC and maintain registration, music therapists must adhere to the Code of Ethics for the Practice of Music Therapy in New Zealand and meet the requirements for the Standards of Practice for Music Therapy in New Zealand, which includes engaging in continuing professional development and supervision.

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Further information about music therapy may be found at:
Music Therapy New Zealand: http://www.musictherapy.org.nz

Te Kōkī: New Zealand School of Music - music therapy training & staff profiles:

http://www.nzsm.ac.nz/study-careers/programmes/music-therapy http://www.nzsm.ac.nz/about-us/our-people/staff-profile?staff=123017

Raukatauri Music Therapy Centre, Auckland: http://www.rmtc.org.nz

CeleBRation Choir: http://www.cbr.auckland.ac.nz/choir

Cantabrainers Neurological Choir: (http://kimberleyjonesmusictherapy.com/projects/choir

World Federation of Music Therapy: http://www.musictherapyworld.net

Voices: A World Forum for Music Therapy - an international peer-reviewed online music therapy journal: http://www.voices.no

One on One - with Dr Alison Towns

We invited NZPsS life member Dr Alison Towns to be our 'one on one' contributor.

Dr Alison J Towns is a Director of Mt Albert Psychological Services Ltd and an Honorary Academic of Population Health, Social and Community Health Section, University of Auckland. She has held research fellowships and teaching positions with the Psychology Department, University of Auckland, where she trained as a clinical psychologist. She was a clinical team leader in a child and adolescent mental health service and has worked in adult mental health settings. She has expertise in gender-based violence, particularly men's domestic violence against women. She has more than fifty publications having published in *Violence Against Women, Feminism & Psychology, Addiction Research & Theory, Family Process, British Journal of Social Psychology, Discourse & Society, Australian and New Zealand Journal of Family Therapy, The NZ Journal of Social Policy* and the *NZ Family Law Journal* as well as publishing a number of research reports and book chapters. She is a Life member of the New Zealand Psychological Society and was an inaugural member of the New Zealand Family Violence Death Review Committee. She currently works privately in Auckland.

One aspect of your role that you find really satisfying

I feel very privileged to have been able to talk to some amazing research participants and clients who have shared their experiences with me. I inevitably learn from these experiences, and their stories inspire me to read more and want to learn more.

One event that changed the course of your career

When I was in the middle of completing my PhD, a psychologist walked into my office and said that he had a problem. He then proceeded to tell me about a client who had experienced a man's domestic violence against her. This event and the matters that followed it lead me, Peter Adams and Nicola Gavey to develop a series of research projects on the prevention of domestic violence, the ways men justified and excused such violence and the ways women and those associated with her were silenced from talking about the violence. The work on this complex and intriguing problem has engaged me for more than twenty years.

One alternative career path you might have chosen

I really can't think of one. Maybe I would have been a writer.

One learning experience that made a big difference to you

Reading the French philosopher Michel Foucault's writings on power was pivotal to understanding the ways power is done and how it works in relationships. Another was in my internship year when I received family therapy training from clinical psychologist Jolyan Allen. He was very clear that when violence was identified the therapist needed to move out of a neutral role and into a more directive role. The victim and the perpetrator of the violence needed to be seen separately, women victims referred to support programmes for women and male perpetrators referred to stopping violence programmes. Only after such work and when the victim of the abuse was safe from any further violence would any couple or family therapy be considered. I think this is still very sound practice.

One book that you think all psychologists should read

Evan Stark's 2007 book *Coercive Control: How men entrap women in personal life* is an important book for understanding men's domestic violence towards women.

Peter Adam's 2010 book *Fragmented Intimacy: Addiction in a Social World* with its spidery diagram is a great read for making sense of alcohol and other dependencies and how they impact on family and work life. Lundy Bancroft, Jay Silverman and Daniel Ritchie's 2012 book *The Batterer as Parent: Addressing the impact of Domestic Violence* on family dynamics is a must read for anyone working with children as is *Children as Victims, Witnesses, and Offenders: Psychological Science and the Law*, edited by Bette L. Bottoms and colleagues. I also really liked *New Versions of Victims: Feminists Struggle with the Concept*, edited by Sharon Lamb.

One challenge that you think psychology faces

The family court environment has thrown up huge challenges to psychologists. The professions need to ask whether psychologists in the family court can be experts in all of the areas that they are expected to be when approved for work in the family court. How can expertise be assured?

One thing that psychology has achieved

The profession worked very hard to support the amendments to section 59 of the Crime's Act to ensure that violence towards children could not be used as discipline. The result was a great outcome for children.

Academic psychologists have recognized the strengths of qualitative methodologies, such as critical discourse analysis, which can answer questions that are not possible with quantitative methodologies. I think this is a great achievement.

One aspiration for New Zealand psychology

New Zealand psychology needs to be much more ethnically diverse in order to meet the needs of the various populations in Aotearoa/New Zealand. The profession needs to attract more Māori, Pasifika, Asian, African, Middle Eastern, disabled peoples and other minority groups into the profession and support them to maintain life-long careers.

One social justice issue psychology should focus on

The prevention of gender-based violence and the associated violence against children. Of course I would say that! Promoting gender equity and equity generally would help with primary prevention of gender-based violence.

One big question

What are we going to do about the harmful effects of social media and the internet, such as the proliferation of pornography that degrades women and the use of social media to bully and stalk?

One regret

I never really wanted to be a teacher – my father was one and he died before retirement. In more recent years, however, I have thought that I would have liked to have taught more.

One proud moment

When doing research with women survivors of domestic violence I asked them what they thought should be done to prevent such violence. Some of these women spoke of how important it was to have the message that such violence was not acceptable brought right into the home, perhaps through television advertisements. Sometime in the early 2000s Peter Adams, Janet Fanslow and I sat down with some key politicians and policy people and spoke to them about the importance of a mass media campaign aimed at the prevention of domestic violence. We were able to point to the research that we had done on domestic violence prevention to say that the evidence was there to proceed. I like to think that we, along with others, were a small part of the drivers of the very successful *It's Not Okay Campaign*. My proud moment was watching the first of the *It's Not Okay Campaign* advertisements.

One thing you would change about psychology

I often wonder why psychologists are so rarely in the media. With a few exceptions we seem to be people that prefer to be invisible. But if the profession wants to address social issues or the prevention of mental health problems then it needs to be more outspoken. The profession is made up of thoughtful people, who are very good thinkers and can contribute to important debates

One piece of advice for aspiring psychologists

Find some very good mentors and learn from them. A good one will support you through the difficult times and be there for you for life.

The Development of the Russian Psychological Society

This article on psychology in Russia was contributed on behalf of the Russian Psychological Society by:

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Introduction

This article discusses the history of the development of Russian Psychological Society. It describes the basic vectors of scientific and organizational activities of the Russian Psychological Society and especially international collaboration.

Keywords: Russian Psychological Society, research directions, EuroPsy, sport psychology, clinical psychology, educational psychology.

Russian Psychological Society: Main Lines of Development

The Russian Psychological Society (RPS) has a rich history. It was founded on January 24, 1885, on the initiative of M. M.Troitsky and supported by 14 professors from different faculties of Moscow University (currently, Lomonosov Moscow State University), who actually came out as its founders. At their first meeting on January 24, 1885, the founding members elected the Council of the Society, consisting of the President, the Secretary and their deputies for a term of 3 years. At the same meeting, the founding members proposed another 53 candidates for a full membership in the Society. As of today, the RPS has about 5,000 members. The RPS structure includes 62 regional branches and 16 scientific sections, among which young scientist's section is one of the most essential.

Professional Training of Psychologists in Russia

Russia joined the Bologna process in 1995, and began to implement the *Bachelor's Degree (4 years) + Master's Degree (2 years)* system in 2010. Mention should be made here of the RPS efforts to support this educational model. It is not by coincidence that the first universities to roll out this model, were those which actively participated in the RPS activities: Lomonosov Moscow State University and Saint Petersburg State University, whose training plans place a special emphasis on supervision.

Although the society has existed in Russia for more than one hundred years, Russia still lacks legislative regulation of the professional work of a psychologist. That is why in 2008 the Russian Psychological Society initiated its search for an international standard that would validate the high quality of professional training in Russia as compared with that obtained in other countries. Intensive work began to be carried out to develop the Russian Psychological Society's relations and integration with the European Federation of Psychologists' Associations (EFPA).

On its way to the EuroPsy certificate the RPS faced a number of difficulties, the overcoming of which was made possible only because of the RPS's unity and EFPA's

positive experience. Over the past five years, the RPS has made significant progress in getting psychology recognized by both public and administrative bodies. This can be evidenced in the high stature of the guests arriving to the RPS Congress in 2012, among whom were the Russian Emergency Minister S.K.Shoigu, the Russian Deputy Minister of Education I.M.Remorenko, the Ambassador of Switzerland in Russia P. Helg, the Minister-Counselor for the public affairs of the US Embassy in Russia M. Hurley and others, and the greetings which were sent to the RPS address by the Russian President Vladimir Putin, the President of the Russian Academy of Sciences Yu.S.Osipov, Chairman of the State Duma S.E. Naryshkin and others. (Zhuravlev, Zinchenko et al., 2012)

Within a relatively short period of its history it has seen the emergence for Russia's first quarterly journal on psychology, which is fully published in English - *Psychology in Russia: State of the Art* (www.psychologyinrussia.com). The journal figures prominently in prestigious international indexes and citation databases (*Scopus, PsycINFO*, etc.). To date, only 60% of its readership is Russian specialists.

Currently, RPS members take an active part in various councils, committees and working groups held by the European Federation of Psychologists' Associations which again attests to the unique experience the RPS has gained recently. In 2014, the European Federation of Psychologists' Associations awarded its first 100 EuroPsy certificates to Russian psychologists.

Main Vectors of Scientific Development

Although the Russian Psychological Society is represented by a large number of research areas, organized in the form of 16 scientific sections, we will focus in greater detail on those which are the most relevant.

Clinical Psychology and Neuropsychology

Clinical psychology is a rapidly expanding field of Russia's psychological science. It emerged as an independent field of psychological theory and practice back in the early 20th century and is associated with the names of such prominent Russian physiologist and psychologists as S.S. Korsakov, V.M. Bekhterev, I.P. Pavlov, L.S. Vygotsky, A.N. Leontiev, A.R. Luria, B.V. Zeigarnik, V.N. Myasishchev. The development of clinical psychology in Russia, the main sections of which include neuropsychology and pathopsychology, is due to consistent implementation of L.S. Vygotsky's cultural and historical theory (Vygotsky, 1993a, 1993b, 1997a, 1997b; et al.), A.N. Leontiev's activity approach (Leontiev, 1978) and V.N. Myasishchev's theory of relations (Myasishchev, 1960).

Following Vygotsky's ideas and developing them in a creative way, A.R. Luria, the founder of Russian neuropsychology, has elaborated a psychological theory of systemic and dynamic localization of higher psychological functions (HPF) and a qualitative neuropsychological approach to the analysis of their disorders in patients, which allows to fine-tune characterization of specific mechanisms of HPF development and functioning (Luria, 1969, 1973). Today, this approach is being actively pursued in Russia in the works of A.R. Luria's disciples and followers. He has had a significant impact on neuropsychology throughout the world. Currently, efforts are under way abroad to create tests that combine the merits of both qualitative and quantitative approaches in neuropsychology. A.R. Luria's research results are used in its test version, adapted by A.-L. Christensen (Christensen, 1975); in versions of the Luria-Nebraska test (Golden, 1980; Golden, Hammeke, Purish, 1981); in the renown HPF test methods for children - NEPSY (Korkman, Kirk, Kemp, 1997; Cheie et al, 2015). A.R. Luria's ideas were reflected in the widely used Kaufman-ABC psychometric battery (Kaufman, Kaufman, 1983). The well-known procedural approach, according to its creators, was built under the influence of Luria's ideas (Kaplan, 1988; Milberg, Hebben, Kaplan, 1986). The analysis of results conformity of different tests proposed by Ida Sue Baron (convergence profile analysis) is close to the method of neuropsychological syndrome analysis developed by A.R. Luria (Baron, 2004).

Development of the psychological syndrome analysis methods in the works by L.S. Vygotsky and A.R. Luria opened up tremendous opportunities for methodological research in the field of clinical psychology in twentieth century Russia. The Vygotsky - Luria syndrome analysis methodology has stood the test of time and proven heuristic not only in neuropsychology, but also in solving theoretical and applied problems in psychopathology (Zeigarnik, 1965, 1972; Lebedinsky, 2003; Nikolayeva, 2011; Sokolova, 2012; et al.). It is increasingly used in psychosomatics and psychology of corporeality (Tkhostov, 2002; Nikolayeva, Arina, 2003; Zinchenko, 2003; Nikolayeva, 2009), as well as in the development of psychotherapeutic approaches and strategies of psychological counseling. The above directions are being intensively developed in Russia today.

The results of recent specialized studies in Russia have revealed a wealth of methodological possibilities for the Vygotsky-Luria psychological syndrome analysis in clinical psychology at the present stage of development of scientific knowledge. This has been made possible thanks to the fact that methodologically the principles of the Vygotsky-Luria syndrome approach meet modern scientific standards,

above all, in their readiness to treat the understanding and study of psychology as an open self-sustaining system (Styopin, 2003; Mezzich et al., 2013; Pervichko, Zinchenko, 2014a, 2014b, 2014c; Zinchenko, Pervichko, 2012a, 2012b, 2013, 2014; Zinchenko, Pervichko, & Martynov, 2013; Zinchenko et al., 2013).

In line with the methodological tradition of the psychological syndrome analysis psychological diagnostics makes it possible to obtain diagnostic information needed for a structural and genetic analysis of complex clinical and psychological phenomena, identification of psychological factors and mechanisms of their functioning, a psychological interpretation of clinical phenomenology and, as a result, for 'a detailed diagnosis'. This makes psychological diagnostic data available to medicine, which focuses more and more on providing a holistic study of an ailing individual, addressing the issues of rehabilitation, prevention, and greater treatment compliance (Sadler, 2005; Mezzich, 2007; Salloum, Mezzich, 2009; Mezzich et al., 2010, 2013; Zinchenko et al., 2013; et al.).

Modern medicine has challenged clinical psychology with increasingly complex tasks, the productive solution to which requires a new perspective not only on psychological diagnostics, but also on mental health issues in general. This approach could be based on the traditions of Russian clinical psychology and medicine that reflect their humanistic orientation, with special attention on the patient's holistic personality and a stronger emphasis on its specifics in rehabilitation and reconstruction processes, as well as on the rich methodological possibilities of L.S. Vygotsky's cultural and historical theory. Attempts to create such an approach in clinical psychology as part of the postnonclassical model of scientific rationality are already being made and require further elaboration (Mezzich et al., 2013; Zinchenko et al., 2013).

The Russian Psychological Society in conjunction with the Russian public organization *League for the Nation's Health* has put into the pipeline a series of pilot projects to promote a healthy lifestyle for the populace, to prevent tobacco smoking, to re-socialize those addicted to psychoactive substances: 'The First Open Russian Student Competition of Social Advertising and Social Projects *Russia Without Tobacco*', 'Developing Methods of Social and Psychological Monitoring of Smoking among Students', 'Psychological Support for Rehabilitation and Prevention of Drug Addiction', 'Health Psychology: Innovations in Science, Education and Practice', 'Psychological Support and Rehabilitation of those Addicted to Psychoactive Substances at Different Stages of Medical and Social Rehabilitation'. The RPS participates in the annual forum and exhibition 'Health of the Nation is the Basis of Russia's Prosperity' which is the country's largest interagency event promoting health protection and healthy lifestyles. In 2013 the Ministry of Health introduced the position of a leading medical psychologist, which will help to further psychology in this direction, too.

Psychophysiology

One of the objectives in psychophysiological research is to provide a comprehensive psychophysiological study of the mechanisms of mental processes (perception, attention, memory, thinking, consciousness) and states (emotions, stress). Studies are conducted in humans and animals (apes, simple nervous systems) according to the *Man-Neuron-Model* using methods of psychophysics, EEG, FMRT and neurophysiology. The main direction of the research activities is to develop a new approach in psychophysiology - *vector psychophysiology*. This concept brings together the 'detector' and 'ensemble' theories of information coding in the neural networks of the brain within a single consistent system of concepts (Sokolov, 2003, 2010). According to this concept, the vector coding principle applies to the neural mechanisms of actuating and modulating mechanisms (Chernorizov, Sokolov 2010). The vector approach to the coding of external signals, training and management of reactions makes it possible to integrate neural mechanisms and psychological patterns into a single consistent model of a psychological process under investigation (Izmailov et al. 1989; Izmailov, Chernorizov 2010).

Intensive research is now underway to study the brain's rhythmic mechanisms that modulate the processes of information encoding at sensory and actuating levels. These studies are focused on the gamma rhythm as a universal activation mechanism involved in all sensory and cognitive processes (Danilova, Lukyanchikova 2009).

The themes of applied research deal with the development and improvement of methods of biofeedback, detection of hidden knowledge, diagnosis and correction of human stress and functional states, etc. Methods for preventing and treating stress disorders and psychosomatic disorders of different genesis have been proposed based on the research results (Daniel 1992; Lobacheva et al. 2013).

Sports Psychology

The development of sport psychology

is closely linked with sport achievements in the former USSR and today's Russia. Sport psychology was given a new impetus in the 2000s when it acquired the status of a unit incorporated into Russia's Federal Medical-Biological Agency, and sports psychologists were formerly put on the staff of youth sports schools. This, in turn, focused the scientific community's attention on the training of sports psychologists and the introduction of specializations in the field of sport psychology, e.g., at Lomonosov Moscow State University in 2008.

Sports psychology is an important focus of the Russian Psychological Society. The research conducted has allowed the introduction of psychological practice in the training of athletes of various skill levels enabling to highlight the possibilities of psychological science against the background of past and future major sporting events. The cooperation between the Russian Psychological Society and sports federations, youth sports schools resulted not only in numerous scientific publications, but also in the actual achievements of the Russian national teams in such fields as archery, synchronized swimming, wrestling, boxing and others. (Sports Psychology, 2011)

Particularly noteworthy is the use of modern technologies in training athletes. Thus, the research made provides data on the use of a specially designed device "Chronoscope-2006" (Bespalov, Leonov, 2008), which allows diagnosis of athletes' temporal perception. Individual characteristics of the athlete's 'sense of timing' have been developed as part of the research. The proposed method for diagnosis of time perception in synchronized swimming allows the definition of the rate of silent counting or athletes' sense of rhythm by objective parameters. It can also be used as a mechanism for feedback in the elaboration of a professional simulator in developing temporal perception among athletes. The series of studies on the use of eye tracking technology presents the results of research conducted among mountain climbers and archers. They feature differences in the characteristics of the oculomotor parameters when performing in different specific professional situations and suggest ways to optimize the training process. (Grushko, Leonov, 2014; Veraksa et al, 2015). Of great importance is the development and adaptation of sports-specific diagnostic techniques (Veraksa, Gorovaya, 2012; Veraksa et al., 2014).

Educational Psychology

The foundation of educational psychology in Russia was laid down in the works of L.S.Vygotsky and his followers (A.N. Leontiev, P.Ya. Galperin, D.B. Elkonin, A.V. Zaporozhets, V.V. Davydov, L. A.Venger and others). The approach was based on the idea of scaffolding in child development. In this case, development itself is seen as mastering the system of means to rebuild the child's psyche. The main research focuses on the organization of the educational process and an adult's role in the way children learn various content in an effective way (Akhutina, Pylaeva, 2012).

This approach has proved to be highly productive at every age. This, for instance, explains the popularity of educational programs for preschoolers outside Russia - *Key to Learning* (www.keytolearning.com), *Tools of the Mind* (www.toolsofthemind.org) and others. The Russian approach to the problems of educational psychology is analyzed in current monographs and special issues of journals (Veraksa, 2011; Veraksa, van Oers, 2011; Glozman, 2012, Veraksa, 2014, etc.).

Among the RPS's achievements is, undoubtedly, the development of federal educational standards for primary schools in conjunction with the Ministry of Education and Science of the Russian Federation and the Federal Institute for Educational Development, featuring psychology as a methodology for building an educational process.

Beginning from 2012, All-Russian Olympiads in psychology for students of grades 5-11 have been held largely through the RPS's efforts. The winners of these Olympiads were able to enter the psychology faculties at most prestigious Russian universities on a preferential basis (Zinchenko et al., 2013).

Psychology of Emergency Situations

Development of the psychology of emergency situations is closely linked with the collaboration between the RPS and the Psychological service of EMERCOM – the Russian Ministry of Emergency Situations, which was founded more than 15 years ago. At present, EMERCOM's Psychological Service unites employees of EMERCOM'S Center of Emergency Psychological Aid and its seven branches, professional psychologists and structural units within EMERCOM's territorial agencies, educational institutions and research institutions under EMERCOM, as well as specialists in organizations, institutions, military units, rescue teams, fire brigades. Today the total number of those employed by the Service is more than 800 professionals.

The psychological service of EMERCOM of Russia has two main tasks:

1. Psychological support of professional activity of the personnel of the EMERCOM of Russia.

2. The provision of emergency psychological aid to victims in emergency situations (Shoygu, 2007).

The specialists at EMERCOM's Psychological Service have many years of experience working with victims in various emergencies. In addition, the specialists of the Psychological Service have repeatedly delivered aid to victims during international humanitarian operations in other countries: China, Chile, Haiti, Indonesia, Belarus.

One of the main aspects of international cooperation at EMERCOM's Psychological Service is to organize and hold the international scientific and practical conference 'Psychological Consequences of Radiation Accidents and Other Emergencies' as part of the business program at the International salon '*Integrated Security*' which is held annually in Moscow, Russia, and is attended by experts from the Netherlands, Switzerland, France, Czech Republic, Japan, South Africa, Turkey, Azerbaijan, Belarus, Ukraine, Israel, USA, China, etc. This conference serves the purpose of creating an international platform to discuss issues of extreme psychology, new approaches, technologies used in this field.

In conjunction with EMERCOM's Psychological Services the RPS has succeeded in developing and implementing a system of public and professional voluntary certification of psychologists employed by the law-enforcement agencies. In 2013, 18 EMERCOM psychologists successfully passed all the stages and received certificates.

Opportunities for Cooperation

The Russian Psychological Society has a rich history of international cooperation and is truly open for it. In the past, its honorary members included Wilhelm Wundt, Williams James, Theodule Ribot and other prominent psychologists.

The past few years have seen the Russian Psychological Society take part in organizing such major international events as the UNESCO Annual Early Childhood Care and Education International Conference, the Annual International Vygotsky Memorial Conference in conjunction with the Quintino Aires Institute (Lisbon, Portugal), the Annual Russian-Japanese Seminar on Problems of Modern Psychology and many others.

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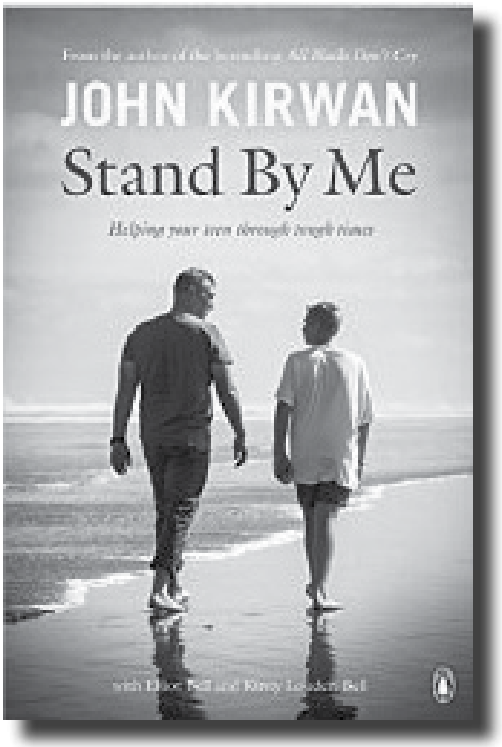
Three books this time around. The first is the latest contribution under the JK banner. Depression awareness in New Zealand has been greatly enhanced by JK's limitless energy and influence in this area. The National Depression Initiative continues to thrive with JK as the public face of their campaigns and programmes, and I see that the NZCCP has confirmed him as their Patron. There are stories circulating of 'staunch kiwi blokes' visiting their family doctors admitting to a 'touch of the JKs. Maybe a few barriers are being eroded by the presence of both a strong role model and a re-languaging that is prompting some repositioning in relation to depression. With such a shift comes an opportunity to adopt a more resilient stance, which is the focus of our second book, Ordinary Magic, by Ann Masten. Enjoy the reviews. The third book looks to be a weighty tome on supervision. It comes highly recommended by our reviewers and the scope suggests that all those engaged in any aspect of supervision are likely to find it useful.

John Fitzgerald- Review Editor
office@psychology.org.nz



Stand by Me: Helping your teen through tough times

Reviewed by Jan Marsh

Sir John Kirwan (JK), former All Black and now coach, has served us well in opening up the subject of depression by generously sharing his experiences via a high-profile TV campaign and his 2010 memoir All Blacks Don't Cry. His advocacy has made it more acceptable for men to seek help and has given them the language to do so.

In Stand by Me JK turns his attention to teens and offers advice to parents who have concerns about their young ones. He calls it parenting for mental wellness and opens with examples from his own teenagers.

The book is made up of extracts from interviews with young people and their parents, with explanations and comments by the collaborating psychologists, Elliot Bell and Kirsty Louden-Bell and psychiatrist Lyndy Matthews. It has a list of resources, a detailed index and it references a number of reports including the Youth '12 Report and the Dunedin and Christchurch longitudinal studies.

The tone is friendly and approachable for lay readers with examples from real life experiences which are engaging and memorable. It is organised into nine parts with titles such as 'The Adolescent World', 'Seeking Help', 'Resilience' and so on. Within each part the short chapters include information and advice, some of it pithy -

JK: *When you don't have control, it's not risk-taking, it's stupidity. So what is risk-taking? Drink-driving? No, that's stupidity. Going away to a university in a different city? That's risk-taking.*

Some personal -

JK: *I spent years looking for reasons – why am I like this? But in the end it was irrelevant. Looking for reasons hindered me from getting well. The day I accepted it as an illness – that is, something without blame – was the day I overcame it and started getting well.*

That quote leads smoothly into a short comment from Lyndy Matthews about the slide from normal setbacks into depression or an anxiety disorder, and a summary from Elliot Bell of the 'Four Ps' - Predisposing factors, Precipitating factors, Perpetuating factors and Protective factors - a familiar formulation for psychologists which is also helpful for lay people. The message: 'It's not your fault' is a theme which can empower teens and parents alike and make it possible to seek wellness without being distracted by futile attempts to answer the question why.

In a similar way chapters explore different types of therapy, the need to involve families in therapy and how to talk to your teenagers in a way which allows them to open up. Connecting around the dinner table is a simple strategy, often suggested in parenting advice, while some teens themselves explain how to open a conversation that does not imply criticism or blame – pizza is recommended as the opening bid but any serious conversation needs some privacy. As one, Olivia, wisely says: 'I would rather as a family go out for food and then get back in a better mood. Then your parents could come into your room and talk about it.'

Towards the end of the book, chapters on wellness advise never taking wellness for granted because that is when we stop doing the things that keep us well. The conclusion emphasises the need to keep maintaining honest connections within the family -

JK: *When I'm at home with my family, I make myself vulnerable and honest around whatever my pressure points are at that time...If I show vulnerability, then they'll learn to show it. If I show them who I really am, they'll show me who they really are.*

This is a positive message which is an antidote to the zeitgeist which seems to view teenagers as somewhat alien and isolated from their families, considered to be independent far too young and left to the guidance of their peers.

If the extracts I have quoted sound anecdotal and homely, the book is well-grounded in psychological theory which the two clinical psychologists involved have researched and use daily in their practice. They cover how far parents should be involved in their teen's treatment; the limits of confidentiality; resilience and coping strategies. They do not shy away from suicide and self-harm or the role of alcohol and bullying. The skill lies in the way that it is conveyed in a conversational style, which is the aim of every clinician: to guide our clients wisely without the wires and gears of psychological evidence showing.

I would recommend this to clients concerned about their teenagers but I hope many parents of teenagers would read it before trouble strikes their family. There is a lot of wisdom in the sections on communication, resilience and problem-solving which could be useful to any family. In the throes of coping with a severely depressed teenager the layered style might be too complex for a worried parent to navigate, even though the authors have done their best with the structure and clear chapter headings.

I had difficulty with the design of the book. Different fonts are used for different voices, with JK and the experts in black, the teens and their parents in a very faint grey and the summaries in grey on grey boxes which I found hard to read. The conversational style is engaging but it creates a difficult format for extracting information.

I look forward to it being made into a TV series because I think the material has great potential to be presented in this way.

Stand by Me: Helping your teen through tough times

John Kirwan with Elliot Bell, Kirsty Louden-Bell and Margie Thomson (2014)

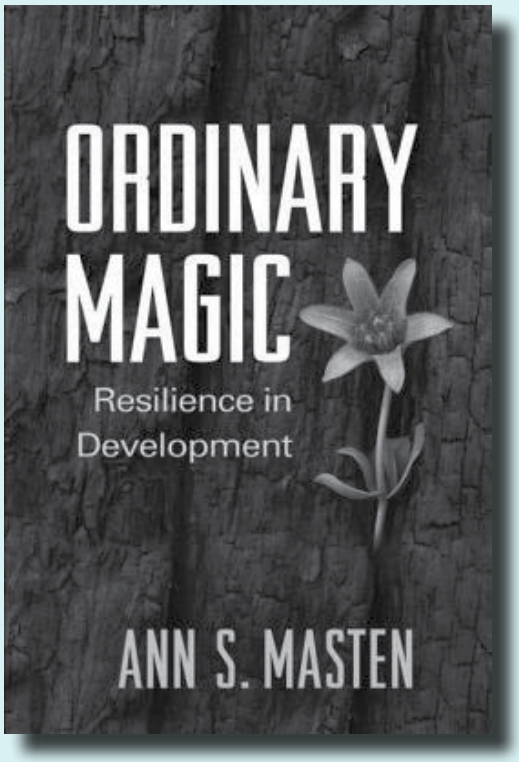
Penguin

RRP $40

Our thanks to Penguin for supplying this book for review

Ordinary magic: Resilience in development.

Reviewed by Peter Stanley.



I do so wish that this book had been available before I did my doctorate in resilience studies and when I had been teaching this subject as a university lecturer. Nevertheless, I continue to be very grateful for resilience research and theorising as a practitioner and, in particular, for this unique summary and stock take of the discipline that Professor Ann Masten provides. Ordinary Magic will be of very great assistance to postgraduate students, and to beginning researchers, because it details the waves of resilience investigations that have brought us to the present day. In times past, the predominant questions have been around the sources, the processes, and the promotion of resilience, whereas the focus now includes contrasting sensitivities to adversity and trauma, and the biological correlates of these individual differences. The recurring theme of research on resilience is that it is dependent on a 'short list' of standard human adaptive systems (like prosocial parenting and problem-solving skills) that work their magic without the need to invoke supernatural personality traits or to rely on extraordinary supports.

In my teaching experience, even postgraduate students can have trouble really understanding the resilience perspective, and they will surely benefit from Masten's commitment to expressing complex ideas in straightforward language. There are numerous reasons why resilience science is a tough subject, and two points should suffice to show the nature of some of the challenges. Firstly, the study of resilience is referenced to systems theory which means it is concerned with multiple factors operating across many levels; and this approach contrasts markedly with the linear logic that is typically associated with biomedical interpretations of problems of living, where static risk factors are combined to form a syndrome, and a biological cause is presumed. Secondly, there are only a handful of pivotal concepts in the resilience lexicon and (as with the strategies of applied behaviour analysis) they are functionally defined. Genes, culture, religion, and mentoring can all be risk factors, or protective factors, depending on the individual, the context, and the outcome. The complexities and challenges associated with the resilience framework arise from the fact that it is dealing with real world circumstances and, as another commentator asks, "What if resilience is the poetry of life, and we are now just learning the alphabet?" (Johnson, 1999, p. 227).

I recently gave a copy of Ordinary Magic to an intern psychologist whom I had supervised because I have benefited enormously from the resilience perspective in my own practice. For instance, as a consequence of my studies I know that when I have a referral for a child that I have to form a close relationship with the significant adults in the young person's life and that together we will attempt to facilitate changes that will cascade across systems and across time. I also know from my own resilience research (e.g. Stanley, 2011), and from professional experience, that 'turnaround' changes are possible even in extreme situations, and this includes occasions where a youngster has already acquired an alphabet soup of diagnostic labels. Masten provides the research and theory to guide this practice, and she also shows how the resilience perspective has transformed approaches more generally in the human services. Increasingly, practitioners and services are moving beyond symptoms and treatments to collaborative interventions that focus on strengths, and on eliciting the ordinary magic of adaptive processes in human development and adjustment.

Johnson, J. L. (1999). Commentary: Resilience as transactional equilibrium. In M. D. Glantz & J. L. Johnson (Ed.), *Resilience and development: Positive life adaptations* (pp. 225-228). New York: Kluer Academic/Plenum.

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Ordinary magic: Resilience in development.

Ann S. Masten (2014)

New York: Guilford. ISBN 978-1-4625-1716-9 (Hbk)

$60.00

The Wiley Blackwell International Handbook of Clinical Supervision

Reviewed by Fiona Howard and Beverley Burns

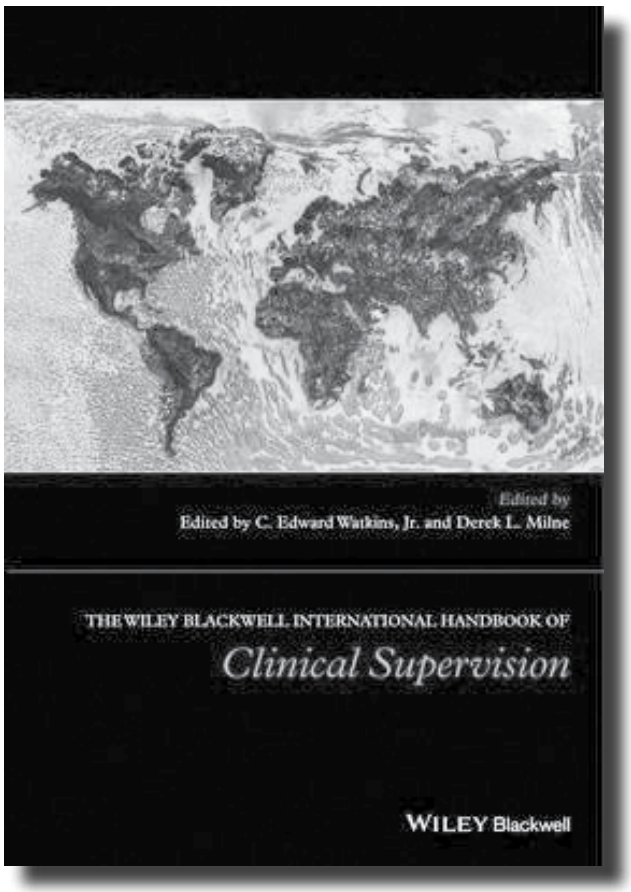
Watkins and Milne in their indomitable style have edited an evidence based textbook that brings together an enormous amount of well researched material into one volume not done on such a scale before. In doing so it provides a much needed resource for supervisors, supervisees and researchers alike in the health and education sector. Furthermore the contributors from nine countries, including New Zealand, probably represent the 'who's who' of supervision. Each was asked to provide a commentary on the research and practice in their specialty within the field of supervision as well as relate this to supervision in their own cultural environment. This focus on diversity was both exciting and refreshing.

This is a large book of 32 chapters and a total of 723 pages. While the size of the book could be overwhelming we found that dipping and diving into sections as they were relevant to our needs has been a useful strategy. Dividing the book into six sections does help with this, as do the short and generally readable chapters. These sections also provide a framework that takes the reader from the general and overarching considerations to the specifics of actually engaging in supervision. However, given the diversity of the topics, we feel the book may have benefited from introductory comments and conclusions for each section to help the reader integrate the information.

Taking time to understand the structure of the book added a sense of how the make the best use of it. So Part I sets out the conceptual and research foundations of supervision and is a useful read for researchers but may be a bit dry from a practitioner point of view. Part II provides the context of supervision and includes attention to ethics, organisational responsibilities in supervision, training of supervisors with the final chapters focusing on technology and diversity in supervision. Part III is a must-read section for supervisors and supervisees as it describes the core skills of supervision such as, building the relationship, setting goals, negotiating agreements and different formats of supervision. Part IV describes the measurement of competence in supervision and may be of more interest to researchers and those training practitioners. Part V looks at supervision in relation to specific therapies including cognitive and behavioural therapies, humanistic, existential, integrative, couple and family therapies.

There are also chapters on case management supervision and group supervision. Interestingly the 'case management' chapter features a description of the supervision process for the high-volume low-intensity psychological therapy employed throughout England within the IAPT initiative. This is highly useful for those in settings where such a programme is under consideration as it highlights the specific nature of supervision under the conditions where psychologists are supervising other health professionals.

For us, the global and cross cultural emphasis in this book is the stand out feature. Almost every chapter provides a discussion regarding diversity whether it is between the supervisor and supervisee or between the therapist and client or across countries. This emphasis begins in the discussion of supervision competencies at the outset. The ability to foster competence in working with difference is one of these competencies.



In the chapter by Tsui, O'Donoghue (a New Zealand author) and Ng the authors address cultural competence in supervision in an enlightening way. They provide a critical analysis of how various contexts and personal aspects influence supervision in terms of it being culturally competent and diversity-sensitive. The New Zealand model of supervision with its culture specific approaches is offered to the international audience to consider as a way forward for practitioners from indigenous and minority groups, as well as those from

majority and dominant cultural groups. The prominence the New Zealand perspective is given here deserves congratulations and makes for a very reflective read. We feature again in the chapter on ethics where the New Zealand Guidelines for Supervision (2010) are applauded as being among the most comprehensive, particularly around cultural competence.

Another outstanding aspect for us was the excellent discussion regarding technology-assisted supervision and training (TAST). This is a growing field with many of us already engaging in "Skype supervision". The chapter covers the web-based videoconference, the iPad, webcams, the Internet "cloud," clinical virtual reality software, web-based software for tracking clinical outcomes, and software to code psychotherapy session videos. This highly practical overview looks at the ethical, legal, and regulatory issues raised by TAST and assumes that many using such technology may have limited understanding of the implications regarding the security of the information. The author, Rousmaniere, also provides a review of the published research and literature regarding TAST since 2000.

There is much to be gained from reading this book; it provides a scholarly approach to supervision which will be new to many. However in terms of writing a book review the diversity and depth of material reported makes it difficult to select key aspects. The book has something for everyone no matter what their role in relation to supervision is. Different aspects appealed to us. For example, the chapter by Eagle and Long is valuable as the authors discuss the vulnerability of the supervisee, transference and countertransference, and parallel process as it relates to supervision. This discussion extends and clarifies our understanding of how these concepts relate to supervision. The focus on how to do supervision was useful revision but for us what made the material of value here was the evidence based focus and the attention to strategies for managing the more complex and challenging aspects of supervision – resistance, feedback and power dynamics. Another thought-provoking chapter was the wide-ranging account of how supervision works and what it can achieve provided by Vec, Rupnik Vec and Zorga. The authors explore how the learning process in supervision relates to personal and professional development as well as well-being. This prompts us to reflect on our own theories about the purpose of supervision and values which support it.

Watkins and Milne in their final chapter, appropriately entitled "Endnote" draw the many threads together well while focusing on the future developmental needs of this field in terms of research. We liked the focus on diversity and internationality. We also liked that New Zealand literature was featured in this text - something relatively unique in an international edition. This is a comprehensive summary of theory and research that would otherwise be hard to find for the average practitioner. It leaves very little out! This book is a well-justified purchase for those with a considerable or growing involvement in the field of supervision.

The Wiley Blackwell International Handbook of Clinical Supervision
C.Edward Watkins and Derek L Milne (eds) 2014

New York: Wiley Blackwell. ISBN 13: 9781119943327

$211.00

Our thanks to Wiley Blackwell for supplying the book for review.

Editorial

Kathryn Jenner
Student Forum Editor

Welcome to 2015 – I hope the weather where you are has been as good as the long hot summer we enjoyed down south. By the time you read this you will be well and truly into a new year of study – maybe your first, maybe your last but I'm sure it will come with its own exciting new challenges to stimulate and invigorate the mind!

This month we are lucky to have two special contributors to the *Student Forum*. Val Bridge, highly experienced educational psychologist has shared her background and some tips for aspiring educational psychologists in an interview. And Parewahaika Harris, a clinical psychology student from the University of Waikato has written a fascinating and thorough summary of her Masters research on the experiences of Māori women with bipolar disorder and their pathways to recovery.

This is a great time to be thinking about being a part of our conference this year. It is being held in Hamilton at the University of Waikato from the 28th till 31st of August. The theme is Te Ao Turoa – The World In Front Of Us and there are some exciting keynote speakers lined up. This is in the mid-semester break too so no reason not to make a long weekend of it! This can be a great way to meet other students and to network professionally as well.

In the meantime, take care and I hope your studies go well.

Kathryn Jenner

kathrynajenner@gmail.com

NZPsS Students who register for the full conference can attend any of the pre-conference workshop (28th August) FREE of charge - see below

Dryden Badenoch, NZ: ***Show, don't tell, using psychology to make better presentations.***

John Briere, USA: ***Treating Complex Trauma in Older Adolescents and Young Adults.***

Dawn Darlaston-Jones, AU: Morning (Practitioner) : ***Theory into practice: Incorporating critical reflexivity and decolonisation theory into the therapeutic alliance***; Afternoon (Educator) : ***(Re)Constructing curriculum for decolonisation education in psychology.***

Julian Elliott, UK: ***The dyslexia debate: The science, the politics, & the rhetoric.***

Willem Kuyken, UK: ***Compassion.***

Gerald Monk, USA: ***Rapprochement between Mental Health Peer Support Practitioners and Clinicians: The Road Ahead.***

An interview with educational psychologist Val Bridge

Val Bridge is an educational psychologist at the Ministry of Education. She answers some questions from Student Forum Editor Kathryn Jenner about her career.

What led you into becoming an educational psychologist?

I was at university completing an undergraduate degree in sociology, psychology and education when an educational psychology course started. It really pulled everything together for me and was a way of continuing studying in a field of particular interest while also being highly applied. I went to Teachers College and taught for several years and then returned to complete the post grad work and an internship. I knew that I wanted to continue studying and then working within education at a more systemic level so the programme was just right for me.

What projects have you been involved in throughout this career?

The great thing about the role of the educational psychologist is that there are a wide range of projects, programmes, activities and interests that you can pursue and become involved with.
Key areas involve working with families/whanau, students, school teams and other professionals, as well as systemic change: working with school teams to introduce new programmes, staff development and professional development. In addition there are opportunities to develop areas of specific interest that are linked to national programmes and priorities.

The role is really as diverse as you want to make it and by its very nature of working with a range of schools, families and in a multi-disciplinary context alongside a range of agencies, diversity is part of the mix.

I've been able to work in a range of different positions, both in New Zealand, where I trained and worked initially, and in the United Kingdom. In England I worked in Hertfordshire as a main grade psychologist. It was really interesting as the role is quite different, as well as quite similar in the two countries. I also worked as a manager in this Educational Authority and was on the senior management team delivering services in an Educational Authority with numbers of students very similar to New Zealand's population. In New Zealand I've had the opportunity of working in a range of offices, have been a lead practitioner- complex needs, and have been involved in many projects at national and district levels. Recently I have been particularly enjoying developing a narrative assessment community of practice for teachers, working on developing transition from school best practice and being part of an interagency team to deliver a biennial transition EXPO with developing materials to support students, families and whanau and school staff. I'm also particularly enjoying being part of a wider team supporting schools to review their practice and introduce a New Zealand version of the Index of Inclusion.

Recently I have had the opportunity to be a group leader for the Incredible Years Parenting Programme co-working to present 14, 3 hours sessions to support parents to reflect on their parenting and develop their strategies. I really enjoy the opportunities I have had to work closely with individual students, teachers, and staff and also to work with full teams in schools.

What opportunities are there for students to have work experience or an internship in an educational psychology environment?

There are opportunities for intern psychologists to apply for a Ministry of Education funded scholarship. The scholarship includes providing access to regular supervision and opportunities to work and develop necessary skills needed to work as an educational psychologist.

What is the long term job situation like for educational psychologists across New Zealand in both large and small cities?

Education is always changing and the roles of those working in this milieu are changing too. Educational psychologists are flexible and as mentioned there are many ongoing opportunities to increase your skills and experiences as our roles continue to change over time.

What advice would you give to students interested in educational psychology?

It's a great profession, presenting a wide range of opportunities to support students, their families and whanau and school staff. There are many

opportunities to pursue interests and projects and ongoing professional development is very much part of that.

The profession of educational psychology works from a strengths based model, is holistic and psychologists generally work with the adults in children's lives as the key people to ensure positive change. Educational psychologists keep up to date with the literature and evidence based practice and view 'problems' as fluid and not resting within the individual. This positioning engenders hope for change to occur.

The role in New Zealand can be quite diverse and educational psychologists from New Zealand are well regarded in other countries for their flexibility, innovation and the lens they bring to work.

Thanks Val – this seems like such a varied and interesting role you have!

Seeking Wellbeing for Māori Women with

Parewahaika Harris, Waikaremoana Waitoki & Linda Waimarie Nikora
Māori and Psychology Research Unit, University of Waikato

Name: Parewahaika Erenora Te Korowhiti Harris (Pare)
Tribal Affiliations: Te Arawa, Ngāti Whakaue
Achievements: BSocSci (2011); BSocSci with First Class Honours (2012); MSocSci with First Class Honours (2014; Thesis title - Wāhine whaiora: Māori women's experiences of bipolar disorder and their pathways to recovery)
Study Programme: Postgraduate Diploma in Psychology (Clinical), Second year
Associations: Student cultural representative (Institute of Clinical Psychology/ICP); Rangatahi advisor (Henry Rongomau Bennett Advisory Group, Te Rau Matatini); Student member (ICP, NZPsS & Te Waiora o Waikato/ Waikato University Māori Student Association)

Tēnā koutou. Ko Ngongotaha te maunga, ko Te Arawa te waka, ko te Rotorua-nui-a-Kahumatamomoe te awa, ko Te Arawa te iwi, ko Ngāti Whakaue te hapū, ko Te Papaiouru te marae, ko Tamatekapua te tipuna, ā, ko Parewahaika tōku ingoa.
My name is Parewahaika (Pare), and I grew up in Rotorua surrounded by whānau and immersed in Māori culture. I am a fluent Te Reo speaker and a proud kapahaka performer. I have recently completed my Master's thesis, and am currently working towards my Postgraduate Diploma in Clinical Psychology (currently in my second of three years). My Master's project was conducted alongside the Māori and Psychology Research Unit (MPRU) under the supervision of Dr Waikaremoana Waitoki and Associate Professor Linda Nikora. The aim of my research was to recognise and appreciate the lived experiences of wāhine Māori with Bipolar Disorder, while also aiming to identify and understand help-seeking patterns and stories of recovery and wellbeing.

Abstract

It is important to understand the complex social issues that Māori women with a diagnosis of bipolar disorder face and why they are overrepresented in mental health statistics. This research explored the lived experiences of 11 women who live well in the presence of bipolar disorder by placing a specific focus on help-seeking patterns and stories of recovery and wellness. Through an exploration of the unique intergenerational experiences of Māori women, themes of recovery and wellness emerged that they used to maintain wellness. This article illustrates some of the life experiences of wāhine including the factors that led to a diagnosis of bipolar disorder, followed by a description of the pathways wāhine chose to achieve and maintain wellness for them and their whānau.

Bipolar Disorder: Creativity and Art

Introduction

While Māori are known to experience a higher burden of mental health problems compared to non-Māori (Baxter, 2008; Baxter, Kingi, Tapsell, Durie, & McGee, 2006; Beautrais & Fergusson, 2006; Durie, 1999; Tapsell & Mellsop, 2007), little exploratory research has been conducted into the actual experiences of Māori with bipolar affective disorder (Barnett & Lapsley, 2006; Lapsley, Nikora, & Black, 2002; Mental Health Commission, 2000; Robertson et al., 2013), and even more specifically, Māori women. Our research builds on the Te Rau Hinengaro New Zealand Mental Health Survey (Oakley-Browne, Wells, & Scott, 2006) by providing a qualitative exploration of the life experiences of wāhine Māori who are living well with bipolar disorder, and their stories of recovery and wellbeing. The aim of this research was to contribute to the realisation of Māori potential by explicitly shifting from deficit-focussed frameworks to a focus on systemic factors that influenced Māori wellbeing.

> *…I had all of these terrible things happen in my childhood. It would have been a miracle if I hadn't ended up with bipolar or a mental illness (Niwareka).*

The comment above reflects a feature of bipolar affective disorder where it is not always known whether situations within a person's life act as triggers to an existing biological vulnerability or whether the symptoms are normal reactions to intensely distressing life events. In either case there is a clear need to provide appropriate and timely supports to ensure that Māori live in ways defined as important to them.

Within the mental health system, Māori experience significant and unnecessary disparities in outcome compared to non-Māori. Since 2006 diagnoses of mental health disorders for Māori have increased (Māuri Ora Associates, 2006; Ministry of Health, 2012; Waikato District Health Board, 2008). There are significant inequalities among the various ethnic groups in New Zealand, particularly for those who come from lower socio-economic groups. Māori feature disproportionately across all health statistics and experience the highest rates of health disorders among ethnic groups in New Zealand (Baxter, 2008; Māuri Ora Associates, 2006; Neilson-Hornblow, 2009; Oakley-Browne et al., 2006). Baxter (2008) concluded that significant unmet mental health needs exist among Māori, reflecting differences in: access at a primary care level, diagnostic practices and referral to secondary care.

Bipolar Disorder

One of the purposes of this study was to identify why Māori have high rates of bipolar disorder, therefore a description of bipolar disorder and the subtypes is warranted. In considering the characteristics of bipolar disorder the presenting features overlap markedly in disorders such as substance abuse, anxiety, depression, schizophrenia, personality disorders and trauma. Bipolar onset tends to occur around 19-21 years of age, when individuals seek independence (Jones & Tarrier, 2005). Early-age of onset (prior to age 17) is associated with a more severe course and poorer outcomes (Waikato District Health Board, 2008).

Bipolar disorder is a mood-related disorder producing extreme contrasts both in mood (hypomanic/manic euphoria and irritability vs. depression) and in functioning (Urosevic, Abramson, Harmon-Jones, & Alloy, 2008). The disorder impacts on emotional regulation producing affective highs and lows with some states combining feelings of mania, depression and other moods or emotions concurrently (Gruber, Eidelman, Johnson, Smith, & Harvey, 2011; Power, 2005). The description of bipolar disorder has changed with the new Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-V) released by the American Psychiatric Association in 2013 (American Psychiatric Association, 2013). However, this study was conducted prior to 2013 and the previous version of the manual has been used (DSM-IV) (American Psychiatric Association, 2000).

Within the mental health system, Māori experience significant and unnecessary disparities in outcome compared to non-Māori.

Bipolar disorder (also known as manic-depressive illness) is a prevalent, chronic, serious and complex psychiatric disorder that is particularly difficult to treat and is often misdiagnosed or underdiagnosed, often going unseen for many years (Montoya et al., 2010; Royal Australian and New Zealand College of Psychiatrists Clinical Practice Guidelines Team for Bipolar Disorder, 2004). Around two-thirds of individuals diagnosed with bipolar disorder experience delusions which often accounts for misdiagnosis of schizophrenia (Cosgrove & Suppes, 2013). Delusions

and grandiosity are also common in substance abuse disorders (Knowles, McCarthy-Jones, & Rowse, 2011). The implication here is that care is needed when individuals present to health services with psychotic or manic features and are also under the influence of substances.

Findings

The key findings of this study highlighted pathways into mental illness that could have been avoided earlier. The life-span approach to this study highlights how unmet needs impacted on wāhine to the extent that psychological issues were perpetuated from childhood into adulthood and on into the next generation.

Origins of illness in the past

Exposure to varying levels of childhood adversity, such as sexual and physical violence, parental mental illness and abandonment issues, led to post-traumatic stress, substance abuse, poor relationship choices, depression, anxiety and safety issues for these wāhine. Niwareka described a life of foster care, neglect, and sexual and physical abuse which was not addressed despite being involved in child protection services since she was 2 years-old, and the mental health system as an adult. She experienced hardship and stress for almost her entire life.

> *My first suicide attempt was at age 14, my second attempt was at 23, and my third was somewhere into my 30s. Each time I was just put in hospital and then sent home. I was never ever sent to a psychologist for help (Niwareka).*

Across the study, wāhine experienced unstable and inadequate living conditions, difficulties in attaining and maintaining employment, poverty, and low education. The majority of wāhine were often powerless and vulnerable in their intimate relationships and during pregnancy and childbirth. Wāhine lived in fear of losing their children, had their children taken from them, or they were told not to have children by health professionals. Each of those wāhine described a deep sense of loss or trauma about not being able to raise their own children, or contact their grandchildren. The consequences of losing a child, or being the child who was removed, signifies a serious gap in support systems for parents with mental illness.

Niwareka described a life of foster care, neglect, and sexual and physical abuse which was not addressed despite being involved in child protection services since she was 2 years-old, and the mental health system as an adult.

Onset of the illness

The level of unmet need for many participants created a landscape of hardship and adversity that was barely tolerable. Wāhine became unwell when their right to self-determination was compromised in any way, or when their support systems were fragmented. For example Tania started seeing a psychologist when her children were taken from her by the Child, Youth and Family Services (CYFS). Her mother and sister notified CYFS after they learned that she was living in a bus in a motor camp.

> *I was finally diagnosed with bipolar and by that time CYFS had taken my children. We were left at home by ourselves as children, all six of us; yet my mother was quick to judge me and call CYFS to report me. My family all knew that I had been diagnosed with bipolar but they never told my sister. She [Tania's mother] told CYFS that the whole family had tried to support me and help me with my living situation, but that wasn't true at all (Tania).*

A significant finding was that wāhine lacked support to be mothers, and faced a constant risk that they would lose their tamariki. Some wāhine described how they struggled to be mothers, while others had their tamariki taken from their care and were unable to see them again.

At times, due to the repeated and severe nature of multiple stressors, wāhine reached breaking point, causing them to react out of character. Some of the significant events that precipitated mental illness included abusive or unstable relationships, relationship break-ups, drug and alcohol abuse, childbirth, the death of a loved one, employment, and study.

In many cases, the reaction of wāhine to stressful events were used to confirm the presence of bipolar disorder, which shifted the focus from external factors to biological causes. All wāhine spoke of very little talk therapy and a heavy reliance on medication.

> *The difference between people who don't live well with bipolar and those who do is that they're in residential care and they're over-medicated and under-talked… Without the talking there's no healing, and medication only numbs it (Tania).*

The evidence for the accuracy of a bipolar disorder diagnosis was unclear as the stories showed considerable pre-existing mental health concerns and situational stressors that were left unaddressed.

Pathways to Recovery

The journey towards recovery for wāhine emphasised the pivotal role played by whānau and social supports. Wāhine defined what they thought wellness looked like to them in the

context of their own lives. Consistent with the recovery literature, wellness was not just the absence of mental illness, but more so the ability to live normal and fulfilling lives (Dyall et al., 1999; Lapsley et al., 2002; Mental Health Commission, 1998; Provencher & Keyes, 2011). Wāhine wanted to have trusting and nurturing relationships with whānau and intimate partners, to be employed and to have support from employers, to keep busy and contribute in some way to their communities, to live in stable accommodation, and to reconnect and remain connected with friends and whānau. Strong whānau connections were associated with faster recovery and longer periods between relapse for these wāhine.

Tamariki as a source of wellness

Wāhine consistently spoke of their tamariki as pivotal to their wellness and recovery. However, when wāhine were unwell, they needed support to keep their tamariki safe and secure, to continue with school, and to provide appropriate information about parental mental illness. When wāhine were well, they needed to have their tamariki returned to them and appropriate supports put in place. These findings are consistent with whānau ora literature and research outlining the importance of support for parents with mental illness (Durie, Cooper, Grennell, Snively, & Tuaine, 2010; Ihimaera, 2007; Robertson et al., 2013). This quote highlights the lack of support from external agencies:

> *CYFS was around me a lot when I was unwell in the early days… The father was really abusive and it kept making me unwell and I was making bad judgments. CYFS were constantly threatening to take the baby away. I fought that, I didn't want to lose my baby. I dug deep within myself. They weren't supportive. They policed me and my whānau. They didn't say which organisations could help (Tina).*

The importance of keeping whānau together was evident. Although at times, tamariki and whānau were seen as stressors, they were also seen as protective factors, as wāhine tried to improve their personal wellbeing to benefit their whānau.

Creativity and Art

Creative pursuits were featured in almost all of the narratives. Some Māori leisure pursuits that have been used to good effect in healing practices include painting, flax weaving, wood and bone carving, singing and playing musical instruments (Kingi, 2005). In this regard, occupational therapy activities become more relevant when Māori crafts are introduced. Similarly, when it is difficult for tangata whai ora to converse with words, non-verbal cultural activities can produce a "greater sense of effective communication" (Kingi, 2005, p. 15).

One wahine in particular found comfort in traditional Māori healing practices and tikanga such as whakawhanaungatanga and weaving. Before Pua became unwell she was studying full-time at University, studying full-time at the wānanga, working full-time at a Kōhanga Reo (child-care) and also working on releasing her own music album. After she was diagnosed with bipolar disorder, the university would not allow her to go back until she was "*completely in the right place*", however the wānanga allowed her to continue her Bachelor of Māori Visual Arts from home.

Wāhine consistently spoke of their tamariki as pivotal to their wellness and recovery.

During her low periods, Pua described the wānanga as an environment that supported her recovery and her rehabilitation, and said that the ability of others to listen to her was also greatly valued.

Pua continued on with her Bachelor of Māori Visual Arts and managed to complete her degree within the allocated four years. Over time, the work she produced through weaving demonstrated her healing process:

> *"In the year I was diagnosed I made a hieke, like a rain cape out of corn husk, and I died them all black, called one te pango o te pō because I was in that kind of state. And then the year after that I made a contemporary korowai out of rainbow emu feathers all different colours, and I called that te uenuku harikoa. Quite a bit of a transition, through that process I did heal, creating things"*

Pua's wellbeing was also enhanced through singing and song writing.

Wellness for wāhine was also about having a sense of self and knowing exactly what they enjoy and what makes them happy. When Tania became unwell, her sister encouraged her to find a hobby and taught her how to make jewellery. This soon became a passion of hers and she explained that she enjoys keeping busy and hasn't stopped making jewellery since.

Huia's wellbeing was enhanced by the excitement of having her own home and creating a Māori atmosphere full of Māori designs – which for her, was about reclaiming her identity as Māori. Awhi also engaged in many creative pursuits mainly artwork and painting. She explained that getting creative with artwork, painting or gardening kept

her mind from dwelling on negative thoughts or moods. She enjoyed creating art with broken discs, and explained that people also purchased some of her paintings which made her happy.

There is very little research conducted on how fostering and preserving creative and productive traits can enhance and improve outcomes for individuals with bipolar disorder (Galvez, Thommi, & Ghaemi, 2011; Murray & Johnson, 2010), however for the wāhine involved in this study, such activities were very beneficial throughout their wellness journeys. Being able to engage in meaningful activities provided wāhine with a sense of purpose, hope, and a positive view of life.

Wellness strategies for wāhine also included being able to study, be employed, maintain a household, exercise and eat well, and to look after their tamariki, mokopuna, and whānau, which are all consistent with the recovery literature (Dyall et al., 1999; Mental Health Commission, 2001; Robertson et al., 2013).

Conclusion

This study reinforces the importance of understanding Māori mental health needs from a broader systemic perspective, while also recognising the potential factors placing wāhine at greater risk of developing mental health and addiction issues (such as poverty, inadequate housing, unemployment, and low education).

The overall finding from this research points to the urgency to provide additional support to strengthen wāhine and their families throughout their lifespan. When external and internal factors to achieving wellness were optimal, wāhine were more productive in their lives enabling them to reconnect with and enjoy their family and personal relationships. The external factors that contributed to, and maintained wellness for wāhine were access to stable and appropriate medication, access to prevention and early intervention services, access to information, access to psychological therapy, treatment for co-existing mental illness, access to kaupapa Māori services, and being productive, creative, and able to contribute in meaningful ways.

Improving Māori mental health and reducing inequalities cannot be achieved by health services alone while social and economic factors such as employment, housing and poverty continue to impact on mental health, wellbeing and recovery (Cram, 2011; Durie, 1999; Kingi, 2011). Also, inequity in access to health services across the life-span prevents the full realisation of wellbeing for Māori (Mental Health Commission, 2012), creating cycles of disparity.

The overall finding from this research points to the urgency to provide additional support to strengthen wāhine and their families throughout their lifespan.

It is important that all policy directives emphasise the importance of whānau receiving timely, high quality, effective and culturally appropriate services (Mental Health Commission, 2004). This approach recognises the whānau as the principal source of connection, strength, support, security and identity, and that each person within that whānau is central to the wellbeing of Māori individually and collectively.

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The site also has a link to the new **Facebook** page for graduate students of psychology in Aotearoa administered by Kathryn Jenner, the student editor of *Psychology Aotearoa*.

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A world characterised by diverse needs, unpredictable outcomes, restricted resources and emerging opportunities necessitates organisational and system change including adapted models of service delivery and cross-sector collaboration. However research would say that approximately 70% of change initiatives fail to embed the changes they intended in the medium to long term. What characteristics do organisations need in order to adapt and respond? How has the role of leaders changed in building these qualities? In this workshop we will explore emerging leadership paradigms that include a shift away from an emphasis on positional leadership in organisations towards leaders as catalysts of networks of influence. In this new paradigm, networks of leaders rally around compelling issues in order to explore collective solutions. These leaders are not confined to one community or organisation, instead they leverage their collective passion, expertise and insight by developing approaches that are innovative and highly effective. In this workshop we will explore case studies of leadership networks across a number of sectors and will focus on how such networked leadership is developed, fostered and promoted.

Presenter: Dr Chris Jansen

Chris is a Senior Fellow at the University of Canterbury, where he teaches and supervises leaders studying in the Masters of Educational Leadership, Post Graduate Diploma of Strategic Leadership and Masters of Management. Through his Senior Consultant and Director role at www.leadershiplab.co.nz Chris works alongside organisations in the education, health, business and community sectors in a range of projects. These include design and delivery of leadership development programmes, change management initiatives, organisational capability and strategic planning. This includes work with organisations such as Stronger Christchurch Infrastructure Rebuild Team (SCIRT), Ministry of Social Development, CERA, Ministry of Education, CDHB, New Zealand Transport Association, Foodstuffs NZ as well as a large number of international organisations. Chris also leads comprehensive leadership programmes across multiple sectors, funders and participants including the LinC (Leadership in Communities) Project www.lincproject.org.nz Chris is also involved in executive coaching and regularly facilitates workshops and presentations for a range of organisations around New Zealand, Australia, the Pacific and Asia. Chris's blog at www.ideacreation.org contains a diverse range of leadership resources and frameworks from many of these projects and presentations above. His qualifications include a PhD in Management and Master's degree in Education (Counselling).

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