Psychology
Aotearoa

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 1947, it now has over 1000 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: Looking Ahead for a Diverse Profession—Frank O'Connor

People say the world is becoming smaller every day, with the Internet, mass media, cheaper telecommunications and easier transportation all contributing to the shrinking. Global size notwithstanding, we certainly see people from more places away moving more around our country. This brings a continuing necessity for our profession to appreciate and, where possible, adjust to meet the differing needs of the variety of clients with whom we work. This is not a new challenge. The population of Aotearoa has been changing steadily for many, many years. And the training of our new psychologists has been adapted to meet the most obvious requirements. And some of us bring other perspectives into our work from other parts of our lives.

You should be aware of future planning being undertaken by Health Workforce New Zealand (HWNZ). Among other things, they are trying to work out what arrangements to make for psychologists' training, development and deployment. So I've been talking with a variety of psychologists and payers of psychologists about what lies ahead for our workforce. A clear concern is frequently expressed: will workforce development be planned for the diversity of psychologists we now see? If this work proceeds with a focus on psychology as it is practiced in conventional health contexts, our colleagues who work in education, communities or organisations are set aside: their practice paradigm does not involve a 'patient'. Those working in welfare, prisons and the military find the situation to be a bit of both paradigms, often depending on a particular client's needs – individual or organisational.

This future planning is important and necessary. Without it, we may see less relevant training and reducing opportunities for us to do interesting and rewarding work. We may not be valued highly, as could be the case for the way in which we can assist in situations where there are few alternatives, helping understand and ease a variety of social issues as well as providing treatment to specific illnesses. I think that the difference between our interest – good work for good psychologists – and future planning can be looked at as a diversity challenge. We, psychologists, have diversified and our needs are changing. It may not be easy for the HWNZ team to understand our needs, or our potential to contribute. I believe they will welcome our assistance. We need to recognise that their mandate is to plan for the 'health' workforce, in conjunction with regulators (such as our Psychologists Board), training institutions (wananga, universities and polytechs) and practitioners. Our concern overlaps with theirs in providing career opportunities in clinical and health psychology, and to some affiliated areas such as forensic and counselling. And, because of the regulation of all psychologists under health legislation, we need a cohesive approach to workforce planning for all psychologists.

It also seems to me that this future planning should be informed by Principle 4 in our Code of Ethics. This principle addresses Social Justice and Responsibility to Society in four parts:

- Welfare of Society — Psychological knowledge will be increased, and psychology will be practised, in such ways as to promote the welfare of society

- Respect for Society — Psychologists recognise the need to be aware of the structures and customs of the communities in which they work.

- Benefit to Society — Psychologists strive to ensure that psychological knowledge, when used in the development of social structures and policies, will be used for beneficial purposes.

- Accountability, Standards and Ethical Practice — Psychologists strive to ensure the appropriate and relevant use of psychological knowledge, practices and structures, and to avoid their misuse.

These add up to a compelling case for adding and maintaining diversity in our profession. We will be more able to do the wide range of good work needed. A profession that changes with its host population's demographics is better prepared for the changes in professional need.

Yes, diversity increases ambiguity, complexity, and confusion. We may have more difficulty converging on shared meanings. We may find it hard to reach a single agreement. We may have difficulty agreeing on courses of action. I suggest we already have these challenges, and address them when we find they really matter. Perhaps a little later than we might, but we do address them. We are able to learn to accept the beliefs, personalities and thoughts of others.

It is true that workforces can have difficulties amplified by diversity. Culturally diverse expectations can contribute to miscommunications, longer decision times, lower morale and lower professional cohesion. Culturally homogeneous

psychologists probably share more expectations on how things ought to be done. But this shared understanding often works to maintain the status quo, with the effect of reducing creativity and innovation, problem solving, and workgroup achievement. But under-appreciated diversity can lead to divisiveness, with negative consequences: reduced 'market' value of the profession, lower achievement of professional goals, and training and development poorly matched to client needs.

It is important for our profession to welcome diversity and to handle the issues relating to it. Just as differently trained psychologists produce similar results for clients, so do different types of people working in similar ways. So I think we should help with this important future planning, and look past the superficial difference of inputs to the outcomes of our efforts: people more able to live the lives they choose alongside one another. This seems to be the professional life Principle 4 intends. Should we help others like HWNZ understand the diversity of our professional assistance and expertise, within and beyond the profession? What you think matters.

Editorial

Tēnā koutou

Editor, Mike O'Driscoll is recuperating after knee surgery and has been exempted from editorial duties for this edition. He is fortunately making a good recovery and we wish him well.

In this first issue of *Psychology Aotearoa* for 2012 we reflect on some of the diversity of our membership by covering a wide range of topics as well as stepping outside the boundaries of psychology to look at issues and ideas from other professions. We include an article which first appeared in *Kai Tiaki* about changes to the Crimes Act and implications for health professionals and also an article by Alan Kraut, Executive Director of the Association for Psychological Science (APS) on the ways in which science can police itself. We talk with psychiatrist Dr Mark Davis on ways in which Balint groups (i.e. groups in which clinicians present their challenging patients/clients to a group of peers/professional colleagues) can assist professionals in their work with clients. We also feature Part 2 of Marianne Lammers' article on cultural safety (part 1 appeared in the November 2011 issue), and Sam Farmer provides an interesting account of his role providing support to expatriate and national staff in dealing with stress and trauma with the Médecins Sans Frontières Psycho-Social Care Unit.

We have a number of book reviews in this edition with two reviews of the NZPsS publication *Psychology and the Law in Aotearoa New Zealand*.

In NZPsS News we honour our members who have completed 30 years of membership of the Society and provide them with the opportunity to reflect on their psychology careers. We also honour new Life Fellow Dr Raymond Nairn. We also present interesting papers from conference keynote speakers David Barlow and Heather Gridley.

We warmly welcome new Student Forum editor Rosalind Case. Rosalind is a clinical psychologist and PhD candidate in the School of Psychology at the University of Waikato. We look forward to having her as part of the editorial team of *Psychology Aotearoa*. She writes her first editorial for Student Forum introducing herself as well as previewing papers from James Richards on factors influencing young people to engage with and commit to environmental sustainability and social justice organisations and Nikhil Sengupta who looks at ways in which social justification theory can assist in understanding human inaction in the face of inequality. Jackie Feather also contributes to Student Forum looking at what counselling psychology offers as a career.

A big thank you to all contributors.

Pamela Hyde
Acting Editor

Joint NZPsS & NZCCP Conference 2012

The joint NZPsS & NZCCP conference was a success on a number of fronts. The joint organising of the conference went very cooperatively and smoothly. Over 450 delegates from both organisations attended the conference and workshops. The keynote speakers, David Barlow, Erana Cooper, Pat Dudgeon, Alan Fruzzetti, Heather Gridley, and John Weinman were very well received. David Barlow and Heather Gridley's presentations are featured in this issue of *Psychology Aotearoa*.

A special thank you to Kuni Shepherd and the mana whenua for the local Iwi, Te Atiawa and NZPsS Kaihautū Angus Macfarlane for a warm and memorable powhiri.

A big thank you also to academic programme convenor, Ian Evans and to the conference committee made up of Caroline Greig, Heike Albrecht, John Fitzgerald, Jo Cunningham, Muriel Christianson, Kiri Luther, Karma Galyer, Karen Kyne and Pamela Hyde. Caroline and Heike put an enormous amount of work into the conference and are to be congratulated on the outcome of their hard work and planning – see some photos of the conference on the inside back cover.

A big thank you to our sponsors the Psychologists Board and ACC and to our exhibitors.

A number of presenters have now made their presentation available on our website: http://www.psychology.org.nz/conf2012

Congratulations to Dr Raymond Nairn- New Life Fellow of the Society

Congratulations to Dr Raymond Nairn who has been elected a Life Fellow of the Society. Ray, who joined the Society in 1972 served as President-Elect and President from 2005-2008. Ray has been a tireless worker in support of the Society and in particular in relation to the Society's bicultural commitment to Māori. Drawing on his experience as a Treaty educator, his community work on anti-racism and his academic work on discourse analysis he has made a substantial contribution to the discipline of psychology and its practice in New Zealand.

Ray has been a long-standing member of the National Standing Committee on Bicultural Issues (NSCBI). He has willingly shared his expertise and knowledge in assisting psychologists to understand how their discipline and practice relate to Te Tiriti. Ray has made many presentations, has published widely on these issues and has co-edited the recently launched book *Ka Tū, Ka Oho: Visions of a Bicultural Partnership in Psychology. Invited keynotes: Revisiting the Past to Reset the Future.* Ray was also the NSCBI representative on the Code of Ethics working party.

The NZPsS Executive was pleased to endorse the recommendation of the Membership and Status Committee and extend their warm congratulations to Ray noting that he easily met the criteria for election as a Fellow.

Congratulations to New Life Members

Each year the NZPsS Executive confirms and congratulates those members who have completed 30 years of membership of the Society. The 2012 life members listed below were invited to write about their journey in psychology and we feature the contributions which were gratefully received

Ruth Arcus
Joan Barnes
Lynn Berresford
Dr Sarah Calvert
Christine Harding
Dr Mark Haxell
Steven Haynes
Susan Mafi

Ruth Arcus

I have a real sense of fulfillment as I qualify as a life member of the Society after a thirty year membership. My journey as a student and then a clinical psychologist reflects many of the changes in New Zealand society over those years.

Inspired by the women's movement which was in its infancy in New Zealand in the nineteen seventies I decided that I wanted to pursue a meaningful career alongside my roles as a wife and mother of three small children. When applying to enter the clinical programme I was startled by some of the challenges I met. The interviewers expressed considerable skepticism about whether a privileged middle class housewife could be serious about having a career in psychology. They also questioned me about how I felt about occupying a position on the course and thus depriving a younger and more deserving person of this opportunity. I was dead serious and I was stunned!

Soon after qualifying I joined two colleagues, Maureen Trainor and Dianne Cameron in private practice. Later we established The Waikato Psychological Centre thus setting up the first group clinical psychology practice in the Waikato. We were on a steep learning curve both professionally and business wise. Geoff Ruthe joined the Centre after Dianne left. I enjoyed the independence of being in private practice. We were able to pursue our own interests against a background of mutual support. We established a secure referral base and saw a range of people needing psychological assistance.

The introduction of the Family Proceedings Act 1980 gave psychologists a significant role in assisting the Family Court to make decisions in custody and access disputes. Sexual abuse was not mentioned in our training. It was some years before we became aware of the devastating effects of childhood sexual abuse on children and adults. I also joined my husband, Doug, as a consultant to professional service firms, especially law practices, when interpersonal issues amongst partners or firm culture issues arose. I subsequently had a period in sole practice which was again supported by other psychologists in sole practice. Significant life events also informed my practice as a psychologist. Experiencing a major depressive episode in midlife was a frightening and humbling experience. It taught me more about the assessment and treatment of depression than any text book could.

Now, having retired from private practice, I am enjoying the gentler pace and the roles of supervisor and mentor to others in the helping professions.

As an almost seventy-year-old, I feel a huge amount of gratitude to my lecturers who provided me with a solid grounding in theory and research, to my clients who taught me much about the practice of psychology, to my colleagues for the journey we took together, and to the professional bodies especially the Society and the Psychologists Board which have encouraged us to be professionally responsible, ethical and client focused in all that we do.

It has been a ride I would not have missed for anything!

Joan Barnes

I came late to psychology, following a career as a secondary teacher. I completed my MA in 1980 and the Dip.Clin. Psych in 1983. I commenced private practice in 1984 but made another career change, becoming a tutor in the Department of Psychology at Massey University in 1985, and was appointed a lecturer in 1991. I was responsible for the introduction of what is believed to be the first paper in forensic psychology in New Zealand in 1990. I retired from Massey in 1998 and since then have worked in private practice, mainly for the Family Court. I have always been involved in activities of the NZPsS, generally at branch level, although I was convener of the national conference in 1991.

Lynn Berresford

I am currently the director of the Indigo Assessment and Counselling Centre in Auckland. I have the privilege of working closely with other psychologists. We work with children, adolescents and adults 'who connect with the world differently'. I totally appreciate the practical experience I have gained by working in both clinical and educational settings. I have enjoyed primary, intermediate and secondary teaching and university tutoring. I enjoyed being a guidance counsellor at two secondary schools and I enjoyed my early psychologist experiences at Tokanui hospital, the Rehabilitation League and Youthlink Family Trust.

I find being a self-employed psychologist particularly rewarding. Throughout my working history I have valued professional development. My personal study has increased enormously since beginning to facilitate the professional development of others. I have gained a reputation in the field of individuals who learn differently so I am well read in the areas of giftedness, specific learning difficulties and disabilities, psychological testing and social, emotional and behavioural challenges. It is said that I have the ability to share knowledge with simplicity, clarity and humour.

I discovered the study of psychology fortuitously. I

started my tertiary studies at the University of British Columbia in Canada. After three years study in medicine I dropped out; I found rote memorising boring and switched to theatre studies. (I continue to have a passion for Shakespeare). I followed a man to New Zealand and married another man. I have learned heaps from being a mother of two boys and two girls. They are very special adults so I must have done something right. I discovered psychology at Waikato University in Hamilton. It was an optional paper that I chose during my bachelor of education studies. Being a slightly older student I discovered learning required some time and some effort and was fun and the study of psychology fascinating. I had some wonderful lecturers: Prof Freyberg, Barry Parsons, David Mitchell, Nicky Hammond and Bob Katterns and I want to say a big thank you to them and significant others.

I am a member of the NZ Counselling Association, the NZ Gifted Children Association and a life member of SPELD New Zealand (NZ Federation of Specific Learning Disabilities) and I admit to being surprised and pleased to become a life member of the New Zealand Psychological Society.

Dr Sarah Calvert

I chose to study psychology because I wanted a career which would remain interesting and challenging over the years. That has certainly turned out to be true; the psychology I studied so many years ago has changed dramatically. I went to Waikato because Jim Ritchie (who I do not think is acknowledged enough for

his contribution to our profession in Aoteoroa) was so encouraging and as it turned out to be, the Department in his time was innovative and alive as a place to study. I spent all my student life at Waikato and saw it grow from a farm to a beautiful campus.

I started working when a student at Tokanui which gave me an excellent basis of understanding abnormal and normal behavior (in both patients, staff and families). I moved to Tauranga to work in a CAMHS and then doing both research and private practice. I have continued to move between private practice, research and state sector work (primarily for CYFS) throughout my working life. My focus on the issues that significantly affect women and children in particular reflected my ongoing involvement in the feminist movement which paralleled my years at University.

Along the way, and perhaps as a foil to the period of heavy orientation to first behaviorism and later CBT, I developed a focus on using psycho-dynamic ideas in both my clinical and research lives. It has been interesting to see how the ideas that were so heretical in the 1970s and 1980s are now almost mainstream and some concepts are now demonstrated with new technology. The more radical international psycho-analytic community which has developed around the ideas of Stephen Mitchell (himself a psychologist and member of APA) has become my intellectual home.

Currently I work mainly in private practice working in the Family Court and Criminal Courts, for ACC and other agencies and I work as a consultant researcher particularly in the area of adolescent development and the importance of self-narratives

in promoting resilience in individuals. Psychology has indeed proved a never ending source of challenge and interest to me. I have never felt bored with my chosen career and everyday provides both emotional and intellectual challenges. I have especially enjoyed my collaborations with colleagues such as Susie Blackwell and Jane Gilbert in both clinical and research areas. It has enhanced me as a person and brought me almost daily into contact with people who I admire as they struggle with their lives.

Dr Mark Haxell

I am married to Ailsa and have a daughter Sarah, aged 20. I studied psychology at Auckland University, receiving my PhD in social psychology in 1993. I had previously received the Senior Scholarship in Psychology in 1979 and the Winifred Gimblett Scholarship in 1983. While at Auckland University I tutored in psychology, education and in management studies. While completing my doctorate, I worked part-time at Raeburn House on Auckland's North Shore as a Community Health Worker, and later as a consultant for the Accommodation for Mental Health Society (AMHS), helping to establish residential accommodation for sufferers of mental illness on Auckland's North Shore.

I was also involved in a series of private research projects for a variety of community groups and other organisations before establishing a full-time private psychotherapy practice. I studied transpersonal psychology and psychotherapy with the New Zealand Institute of Psychosynthesis, and received Diplomas in psychosynthesis counselling in 1989

and in psychotherapy in 1995. I subsequently completed a post graduate diploma in mental health at the Auckland University Medical School in 1997, a post graduate certificate in clinical supervision from the Auckland University of Technology (AUT) in 2002 and post graduate certificate in Jungian and transpersonal psychology in 2005 also from AUT.

In 2007 I was awarded a Master of Health Practice in Psychotherapy Practice from AUT. I became a member of the New Zealand Psychological Society in 1982, then a Registered Psychologist in 1987, an ACC registered therapist in 1992 and a member of the Royal Society of New Zealand in 1993. I became a Family Court counsellor in 1996 and later a Family Court psychologist in 1999. I joined the Institute of Counselling Psychology in 2004 and am currently an executive member. I became a full member of the New Zealand Association of Psychotherapists (NZAP) in 2008, a registered psychotherapist in 2009 and received the NZAP certificate in advanced clinical practice in 2010.

I am currently an executive member of the Psychosynthesis Association of New Zealand and Australia (PANZA). I currently maintain a private psychotherapy and clinical supervision practice on Auckland's North Shore. I have developed a specialisation working with ACC claimants and particularly those in the prison system. I remain a committed supporter of Auckland Youthline Counselling Services and offer my time as a face-to-face counsellor and group facilitator.

Otago-Southland Branch News

The Otago-Southland branch invites members and those interested in joining the Society (students, practitioners, researchers, academics ... anyone in fact) to contact us and come to branch social and educational events. Feel free to contact the chairperson, Brian brian@psy.otago.ac.nz, one of our co-secretaries, Peter (ph 4710568) and Glenda Glenda.Wallace@southerndhb.govt.nz, or our student rep. Sabrina gohsa334@student.otago.ac.nz .

An NZPsS workshop is to be held on July 9 in Dunedin - Working with Couples ... Johnella Bird. Apart from being important PD events, such workshops often have the incidental benefit of the opportunity to meet colleagues travelling from elsewhere to attend the seminar. We are currently planning a PsyChat with PhD students talking about their research and there will be another where

members who have attended the joint NZPsS and NZCCP conference (and other events) provide brief feedback to colleagues. A reminder, too, of the departmental seminars at the university – if you want to be added to the notification list, let Brian know.

The Southland representative on the Otago-Southland Committee, Mike Prouting, has provided the following report on professional development activities in parts further South (and West).

Brian Dixon
Chairperson

Professional development in the provinces

In 2009 several psychologists met to discuss the needs of the profession and how to best support each other. The Otago/Southland branches of the NZPsS and NZCCP have both organised professional development opportunities mostly held in Dunedin. We decided that we might be able to establish a group of psychologists across Central Otago and Southland that could meet regularly (i.e. twice per year) and present to each other our work, where we work, the services provided and areas of professional expertise/interest. We also wanted to broadly celebrate the endeavours of fellow colleagues and begin to appreciate the skills and initiatives that can often go unnoticed. We work in a variety of settings: Corrections, DHB, private practice, Ministry of Education and the NGO sector.

We have organised 30 minute presentations with about 5 sessions per day and have invited guests to attend and discuss specific practice issues. Guests have included Anne Goodhead (Professional Advisor from the Board Office on the CCP) and David Mellor (Senior Clinical Psychologist, Dunedin on Mindfulness). Fiona Howard also came down to present the NZPsS Advanced Supervision Workshop and we plan to have another separate seminar day in 2012. The "Central Otago and Southland Seminar Series" has been held from 10-3PM. This has allowed out of town people to arrive comfortably and the venue has provided lunch. Excellent networking has evolved. Here are some examples of the work our colleagues have spoken on: Attachment theory and practice (Dr. Kay McKenzie and Carol McArthur), Adventure Development and Youth programmes for A&D (Clive McArthur), Mike Prouting (Pre-assessments for Organ Donation), James Smithells (Counselling and how we manage conflict with couples),

Geoff Shirley (Expert Witness: looking back on being in the Criminal Court), Dr. Sarah Gregory (Narrative Therapy: getting started), Dr. Gen Numaguchi (working with Asian clients), Rob Devereux (Psychologists working in Corrections), Glenda Graham (Dissociation), Murray Witheford (Family Court Report writing), Dr. Antonius Chasouris (Williams Syndrome), Latesha Murphy-Edwards and Nathan Findlay (CAFS and the services provided), Pippa Laverty (Current Pain assessment and treatment practices), Trevor Clarke, Julianne Watson and Dr. Pauline Stewart (Services provided within the MOE) and Dr. Laura Ely (The Health and Disability Tribunal).

The broad range of topics have been stimulating and informing for all of us. Most of the practitioners will incorporate the "Seminar Series" into their learning goals and activities recorded for their CCP. We welcome colleagues to contact the organizer, Mike Prouting if you would like to attend. Dates are being finalised for 2012-2013. We are also hopeful that when professional development events are being organised elsewhere in the lower South Island that Invercargill and the wider region might be included in the planning.

Mike Prouting
Michael.Prouting@southerndhb.govt.nz

Launch of New NZPsS Publication

A launch of the book *Ka Tū, Ka Oho: Visions of a Bicultural Partnership in Psychology. Invited keynotes: Revisiting the Past to Reset the Future* was held at the NZPsS/NZCCP joint conference in Wellington. The book edited by Raymond Nairn, Phillipa Pehi, Roseanne Black and Waikaremoana Waitoki has fifteen chapters, each devoted to a bicultural keynote address at NZPsS conferences which has been presented over the past 20 years. In each chapter the presenter reflects upon their addresses then and now. This book provides thoughtful and interesting insights into the bicultural partnership between Māori and Pakeha and is provocative, engaging and compelling reading. Each speaker contributes their unique perspectives on ways of working within the context of personal, social, economic and political influences. An order form for the book is included in this issue.

A conversation about constituting the Industrial and Organisational Psychology Division

Crispin Garden-Webster, Chair, Institute of Industrial and Organisational Psychology

Crispin Garden-Webster is a practice leader in the field of organisational development. He is a registered psychologist and Chair of the I/O Division of the New Zealand Psychological Society. He is a Fellow of the Human Resources Institute of New Zealand (HRINZ) and is also a certified HR professional (CP) through the International Personnel Management Association in the United States. Crispin began his career with the New Zealand Army. He served as a field psychologist in a range of assignments in New Zealand and overseas. In 1994 Crispin entered the private sector with Telecom New Zealand Ltd where he was accountable for the design and deployment of human resources development frameworks, talent management programmes and led some of the early adoption of e-recruitment and e-learning capability. In 2001, Crispin became an independent consultant. His work has spanned the public, private and not for profit sectors including international work with the Asian Development Bank in the Philippines and Pakistan. Crispin's expertise lies in organisational development and managing change. He is also a coach and trainer in the area of leadership growth and personal resilience.

The primary purpose of this proposal is to recognise the maturity of the I/O psychology community of practice and place the current I/O Division construct in a better position to support the professional development and practice of applied psychologists working in organisational settings. In doing so, the Society will be better placed to contribute to the continuing competence of psychologists working in the I/O discipline.

Current state

The current state of the I/O Division is a loose confederation of financially autonomous regional communities that provide an engaging and relevant experience for I/O psychologists. Demand and supply has enabled opportunities to invest in higher quality professional development, which while coordinated regionally is not optimised nationally and is confined to the metropolitan centres of Christchurch, Wellington and Auckland. Auckland provides an active and consistently well supported range of development events on a monthly basis. In both Auckland and Wellington, the Division has

developed a valuable relationship with the Human Resources Institute of New Zealand (HRINZ) and working within the HRINZ Special Interest Group (SIG) construct they are managing well attended monthly meetings. Collaboration between the I/O community of practice and the HRINZ (www.hrinz.org.nz) continues to be an effective link. This connection is managed with some regional variation as is appropriate and offers an opportunity to share venues, network with like-minded practitioners and we hope to continue to develop this relationship.

Coaching Psychology. Allied to the I/O Division, but not exclusively I/O in orientation, is the recently formed Coaching Psychology Special Interest Group (CPSIG). The CPSIG has completed its first year of operation and has been successful in developing a network of psychologists who coach. The network has continued to work closely with National Office to clarify governance and process. The CPSIG offers membership to anyone who is a registered psychologist and a member

of the NZPsS. The CPSIG has progressed an active online community called cpnet within Google groups www.googlegroups.com.

Continuing Competence. Access to professional peer supervision continues to be an area for development and stronger collaborative focus. Continuing competence networks have remained active in the main centres.

The I/O Division Website. The Division website http://www.industrialpsychology.org.nz continues to be the focal outreach for members and is linked from the Society website. The site has links to other international I/O societies, records of regional activity, a knowledge base, jobs, awards, information on working in New Zealand and professional development resources. Growth of the professional development content is a key node for the issues raised in this report around supervision and testing standards. Funding remains a challenge for the website and we need a source of income or sponsorship to ensure the site's continued

development.

Staying in touch with <ionet>. I/O Net within Google groups www.googlegroups.com remains an active open source channel for both the profession and other allied practitioners. Active membership has grown by 10% in the last year to 457. Some of these are offshore, some are not psychologists. How many are NZ based I/O psychologists at large?

Future State

Previous reports have noted the potential to develop more structure and visibility of regional financial resources, reduce our risk and create more value for I/O members in the Society. A more collaborative and integrated community of I/O practice might enable:

• A platform for greater dialogue around developing current practice and sharing good practice tools processes and interventions;

• Re-establishing and growing a nationally managed revenue base to invest in effective and demand driven professional development;

• Sharing information about professional development opportunities;

• Promoting best supervision practice;

• Informing the profession and the public about how IO psychology can assist and add value;

• Connecting with other IO psychologists in NZ and overseas, particularly in terms of further enhancing current links with the Australian IO Community;

• An IO Steering Group will lead this process. Membership of the steering group could consist of psychologists who:

    - are registered,

    - are members of the NZPsS,

    - are currently practising, and

    - have been elected into their position within the group by IO members.

• Membership of the IO Community would be open to anyone who is a member of the NZ Psychological Society;

• All members of the IO Psychology Community will fulfil their responsibilities and accountabilities as required within the status of their NZPsS membership and NZPB Code of Ethics;

Is this what members would like to see happen, and if so are

they prepared to do a little bit of work to make it happen? I'll be interested in your views and ideas- you can contact me on crispin@gardenwebster.com

If you want to find out more about joining an NZPsS institute or special interest group contact Donna on membership@psychology.org.nz

Our temporary bodies

If you live to around 75 years of age your body will be younger than you are. Writing in *New Scientist* 23 July, 2011, p42. Andrew Lawton describes how our bodies are constantly in a process of renewal. For example, the cells lining our gut are replaced every five days and we get a new set of blood cells every four months. Using a variant to carbon dating undertaken in Sweden indicates that the average bone cell is 10 years old, muscle cell 15 years old and fat cell 9.5 years. If you live to beyond 50 about half of the cells in your heart will have been replaced. The cells in our brains apparently mostly stay with us for life but renewal does happen in the cerebellum and hippocampus.

Lawton notes

Imagine being given a car on the day you are born. Over the next 70 years you gradually replace almost every part, from the tail pipe to the headlights. A few bits and pieces remain, but is it really the same car?

Lawton wonders what this says about lifelong personal identity?

Hearing about scientists' struggles helps inspire students and boosts their learning

From the BPS digest comes this educational psychology insight:

Science suffers from an image problem. Many students see the subject as too difficult and they think scientists are aloof boffins with big brains. A new study out of Taiwan tests the benefits of teaching high-school physics pupils about the struggles of eminent physicists - Galileo, Newton and Einstein.

Over the course of three computer-based lessons during one week, 88 low-achieving students were taught not just about the relevant theories developed by these characters but also about their frustrations and perseverance. For instance, they heard about Newton's hard work and inquisitive nature (including his comment "I keep the subject constantly before me, till the first dawnings open slowly, by little and little, into the full and clear light."), and they heard about Einstein's efforts, but ultimate failure, in seeking to develop a unified field theory - an endeavour that he spent the last 25 years of his life working on.

For comparison, a further 93 students completed the three computer-based lessons on the relevant theories but without any background information on the scientists, and 90 more completed a version in which they heard achievement-based background information on the scientists, including their key discoveries and dates.

Learning about scientists' struggles had several important benefits versus the other two conditions. Students in the struggles condition developed more rounded, less stereotypical images of the scientists, seeing them as people who worked hard. For students who had no initial interest in science, the information about struggles boosted their interest in the subject. Struggles-based background info also improved students' delayed (a week later) recall of the theoretical material, and it increased their success at complex open-ended problem solving tasks based on the lesson material.

Huang-Yao Hong and Xiadong Lin-Siegler, who made these findings, think the benefit of struggle-based background info for students' recall may have to do with helping the students build connections between different key concepts, and with increasing their emotional and cognitive reactions to the course material. Similarly, the researchers think that the struggle-oriented background information helps students see the interconnections between theories, which aids complex problem-solving.

Future research is needed to differentiate the effects of struggle-based information related to the scientists' work and their personal lives. Also, the findings need to be tested in a different cultural context and over a longer time period.

"By helping students see the real human struggles behind science, we can inspire greater interest and learning to benefit future generations of scientists," Hong and Lin-Siegler said.

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Hong, H., and Lin-Siegler, X. (2011). How learning about scientists' struggles influences students' interest and learning in physics. *Journal of Educational Psychology* DOI: http://dx.doi.org/10.1037/a0026224

Author weblinks: http://tw.linkedin.com/pub/huang-yao-hong/a/ab9/a6

Science's Gender Gap

The Association for Women in the Sciences in association with Dr Belinda Bray of The University of Auckland has produced a booklet *Women in Science: A 2011 Snapshot.*

The booklet is available on www.awis.org.nz. The Ministry of Women's Affairs December, newsletter *Pānui*. P8, notes some of the main findings from the research into women and science…

-When science is compulsory at school, female students do well across the board but are more likely to choose the biological sciences rather than physics, chemistry etc when given the option.

-Women with a BSc or PhD earn on average $30,000 less than men with the same qualification level. This is due to their being over-represented in lower paid jobs.

-Women remain under-represented at higher levels of university employment (Professor/Associate Professor/ Senior Lecturer) but are gaining ground at lower levels.

-Women are under-represented at the level of decision making and funding allocation.

-Women scientists are not gaining the same degree of recognition as males with few awarded the top prizes in New Zealand science.

What's being done about cyber-bullying?

In their March 2012 edition of *Law Brief* Gault Mitchell Law define cyber-bullying as *where the internet, telephones, computer cameras or other technologies are used to deliberately inflict harm on another person*. In October 2010, the Law Commission undertook a study to assess the effectiveness of criminal and civil remedies for defamation, harassment, breach of confidence and privacy in the digital media environment. The year-long study identified concerns regarding the potential harm to young people who use social media and that current legal processes were too cumbersome and financially demanding for many victims of cyber-bullying to seek prosecution or civil remedy. The Law Commission proposals include

• Reviewing and amending current statutes to ensure that all provisions imposing controls on communications are expressed widely enough to cover all forms of communication in the digital environment

• Creation of a new offence that makes malicious impersonation of another person a criminal offence

• Creation of a new offence for inciting or encouraging a person to commit suicide

• Creating a new offence that makes it illegal to publish intimate photographs of a person without their informed consent

More information on this issue can be accessed on www. lawcom.govt.nz/project/review-regulatory-gaps-and-new-media and on cyber-bullying and cyber-safety http:// www.cyberbullying.org.nz and www.netsafe.org.nz

Collaborative research exploring the psychology of volunteering

Volunteers played an important part in assisting with the response to the oil spill following the grounding of the cargo ship Rena in October, 2011. Now, the University of Waikato, Bay of Plenty Polytechnic and the Bay of Plenty Regional Council are collaborating on research to gain insights into the experience of volunteers to assist future volunteer planning and response efforts. An online survey of registered operation beach clean up volunteers provided insights into what motivated people to volunteer, their experiences of volunteering as well as providing demographic information.

Dr Rebecca Sargisson from the University of Waikato noted that the most commonly reported reasons for volunteering were that people lived locally and used the beach for recreational purposes; more than eighty per cent of respondents felt they had made an effective contribution to the clean-up effort and would recommend volunteering for Operation Beach Clean to others. The survey also suggested that work commitments and distance from home were the two most significant barriers for volunteers being involved in the beach clean-up.

Bay of Plenty Polytechnic research manager Dr Heather Hamerton said that "Being able to give back to their community through contributing to the clean-up seems to have helped many people to deal with their anger about the oil spill."

Detailed interviews and focus group sessions with volunteers are now underway to gain more comprehensive information.

The researchers note that while the initial survey of 164 people has been very helpful, we must remember this is just a small portion of the 7950 people who registered to volunteer for the clean-up.

The research team includes Sonya Hunt, Kelly Smith and Trish Hanlen from the University's Social Work Programme as well as Dr Sargisson from the University of Waikato and Dr Hamerton from the Bay of Plenty Polytechnic. The report will be made available at www. boprc.govt.nz

Source www.waikato.ac.nz

Working with Médecins Sans Frontières Psycho-Social Care Unit

Sam Farmer

Sam is Director of Enhance Facilitation Limited and was founding chair of the Coaching Psychology Special Interest Group (NZ). He is an accredited member and an honorary vice president of the International Society for Coaching Psychology. He provides professional supervision, leadership coaching and psychosocial support largely within the not-for-profit sector.

Introduction

Sam Farmer notes that "this account is very much from my own personal perspective in the role of contractor for Médecins Sans Frontières Psycho-Social Care Unit, Operational Centre Amsterdam. It does not attempt to define humanitarian psychology, nor does it in anyway necessarily represent the views of MSF, or other psychologists working within the humanitarian field".

Apart from my professional training, perhaps three key areas of work experience helped to prepare me to be part of the Psycho-Social Care Unit (PSCU) with Médecins Sans Frontières (MSF), Operational Centre Amsterdam. Within a team of other passionate and idealistic volunteers I had lived and worked with the homeless – and learnt that team dynamics were generally a better predictor of organizational functioning than the nature of the work itself. I had provided post-traumatic counselling to prison staff who had survived hostage-taking and other violent incidents. And I had provided a space[1] for overseas aid workers (particularly from MSF) to reflect upon their experiences and cope with returning to New Zealand.

Whatever one's background, it is difficult to prepare fully for fieldwork within a humanitarian context. Indeed, my boss in Amsterdam, Kaz de Jong, whilst valuing my experience, emphasised that flexibility and a very open mind were also crucial pre-requisites. MSF's international workforce would challenge my perspective of mental health. Consequently and over time, I have developed a rudimentary preparation checklist:

- Are my vaccinations/medications/visas up to date?

- What was the content of my past, particularly most recent, conversations with those at the location to which I am going, particularly in relation to psychological wellbeing?

- Given any conversations I have had with those in the field, what preparations have I made that might facilitate useful individual and group sessions? How flexible are these preparations?

- What personal preparations have I done for myself and family in relation to my departure, absence and return?

- Have I organised supervision close to either side of my trip to support my own mental health and review my practice?

- Is my psychologists' kete full and my mind open?

- What is my understanding of the historical, general and current health, cultural, environmental and socio-political context?

- If available, what is the content and recommendations of previous situation, psychological and other reports relevant to my mission?

- What are the terms of reference for this visit?

- What is MSF's position, and my position as a contractor, in terms of being an invited guest of the country? How do other sections of the population perceive this?

I have now been on eight field trips for MSF (Papua New Guinea (PNG); once in Haiti) and have become accustomed to much of the daily humanitarian context. It is both very different from New Zealand and between different settings, e.g. living in secure compounds; not being able to use public transport (apart from 'planes); checking where I can walk on my own; being driven nearly

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1 I have chosen not to call it "debriefing" here because there are often very different understandings of what the word means within a psychosocial support context

everywhere with the driver radioing base at each end of a journey; texting base when I fly into and out of a project; being aware of the significance of displaying MSF markings. Whilst I still hope for a mosquito net and a window where I sleep, I worry less that my bed is in a communal area or someone else's whilst they are on leave. I continue to struggle with the fact that, whilst living, eating and working within a team of highly skilled, resilient, competent and hospitable group of professionals, I am there as a psychologist providing staff psychosocial support – not as a colleague.

Depending on the situational context, the terms of reference (ToR) of the role of a psychosocial support worker tend to be to:

- Provide support to expatriate and/ or national staff in coping with cumulative stress;

- Provide support to expatriate and/ or national staff in dealing with vicarious trauma through working with traumatized beneficiaries[2];

- Make recommendations to line management regarding staff well-being

How these terms are interpreted during a 10-14 day field trip will vary. In my experience, a briefing with the Head of Mission and/or the Medical Coordinator (responsible for staff mental health) at (generally) capital-based headquarters at the beginning of each mission clarifies the ToR as they relate to each of the projects.

In the field the Project Coordinator also provides a more detailed briefing on the team situation and mental health needs and we discuss a schedule of intervention. This tends to include a meeting with the expatriate team and

2 "Beneficiaries" – the term given to MSF service users

then with all staff during a morning meeting where I can introduce myself and clarify my role and that of the PSCU. The rest of the visit is spent on providing both individual and group sessions as required.

Whatever one's background, it is difficult to prepare fully for fieldwork within a humanitarian context.

The psychosocial support needs of staff vary considerably. At one extreme, I have been asked to resolve aspects of employment conditions; at the other I have been asked to "sort out [an employee's] attitude". In such cases, I have explained that this is not my role whilst helping the individual practice ways to address the situation themselves. On the other hand, many national staff have shared the stress they experience as a result of debts they have incurred through kinship responsibilities. Non-payment can often lead to threats, violence and absenteeism. There are no easy answers: whilst we can explore financial planning and how to have difficult conversations,

I cannot impose my values about how to prioritise immediate- and wider-family commitments. Without breaking confidentiality, I can also provide expatriate managers with general information about the issues of which they should be aware and solicitous. Within PNG, tribal and family, particularly gender-based, violence is common. National staff are often survivors, perpetrators and witnesses of such acts. Despite being male, white and descended from a colonially oppressive background, I am immensely privileged in experiencing the openness and honesty of those who talk with me. Between us, we explore ways for them to cope with their experiences, identify people to trust in the community (often difficult) and manage intense emotions (particularly anger and shame).

Whilst it is possible that I will be able to see clients more than once, the nature of the humanitarian context is such that each session needs to be considered as if it will be the last. Whilst staff often come to me for 'help', many come primarily to be heard. Consequently, a Rogerian

Street scene in Tari, Southern Highlands

approach with validating and accurate reflection needs to match provision of practical coping techniques. Appreciative inquiry (e.g. Cooperrider and Whitney, 2005) and narrative approaches (e.g. Epston and White, 1992) work if the focus is on the recent, rather than the distant past and on stories about the survival strengths of the client.

Whilst I still hope for a mosquito net and a window where I sleep, I worry less that my bed is in a communal area or someone else's whilst they are on leave.

Accounts, often revealing the intense emotions of fear, anger, sadness or shame beneath them, are always very personal: the water sanitation worker who is a community elder; the national counsellor who is repeatedly raped by her husband; the expatriate supervisor who cannot return home to the funeral of a loved one; the burnt-out idealist; the surgeon who believes each life he cannot save is his fault. The humanitarian context finds them out and challenges their professional and personal self-worth. There have been occasions when either individuals, or their managers, have asked me to explore with the individual whether they believe they can survive the mission. Delicate use of motivational interviewing techniques helps to elicit an outcome that the individual can own and that is safe for all. In sum, thematic in my role is the requirement to support staff in a very short timeframe to discover, name and establish the courage to live with the fears and realities they experience every day.

As well as role-playing basic communication skills (e.g. DESC[3]),

3 DESC: **D**escribe the current situation/behaviour; **E**xpress what you think/feel about it; **S**tate what you would like to happen/how you would like the other person to act; **C**onsequences if person acts as requested

the introduction to, and practised application by, staff – of both genders and from a wide range of professional and cultural backgrounds – of mindfulness[4] is very successful, in particular basic "focus on the breath" exercises. Many also appreciate the opportunity to locate and sit with the physical sensation of psychologically experienced emotions. For the more traumatised or those unable to access body-experienced feelings, visualisation techniques work well, particularly the detailed recall of safe, positive memories. Such anchoring makes it possible for clients psychologically to locate a safe place at times of stress.

<div style="background:teal; color:white">

Although the work context can often be brutal, my experience is that one of the most frequent and traumatising challenges to professional resilience is poor team relationships.

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Unless it is the facilitation of an agreed sharing about the vicarious impact of hearing beneficiaries' stories, single, hour-long group sessions tend to be more (cognitive-) behavioural in approach. For instance, the identification of what the triggers and manifestations of anger are for a group of local staff who want to explore alternatives to violence. In this case, eliciting a basic traffic light colour framework (with red being the most angry) from participants so that they could start to name what they were experiencing when they felt angry and implement coping techniques they had identified. The success of this exercise is measured by the fact that people who had not attended the training refer to the framework as regularly as those who did!

Although the work context can often be brutal, my experience

(Bower & Bower, 2004)
4 e.g. those described by Williams, Teasdale, Segal and Kabat-Zinn (2007); Cayoun (2009); Barreau (2011)

is that one of the most frequent and traumatising challenges to professional resilience is poor team relationships. These can occur through, for instance, inadequate leadership, non-communicative cliques developing within the team, unprofessionalism, and an unsupportive, punitive approaches to mistakes (particularly toward staff new to the mission). Victims often have no one with whom they feel able to share what is happening and quickly lose confidence, feel undermined and become isolated. If I am there in time, it is possible to identify ways to enhance confidence, trust and communication – for

instance through engaging in regular shared planning, check-ins and activities. However, there are times when inviting teams to "name the elephant in the room" can be counter-productive. It is important to remember that each person will have had a different experience of the cause of the "elephant" and each will have developed different perspectives and coping strategies. Consequently, unless it is possible fully to describe and re-structure the overall team sense of the issue, it can be dangerous to encourage the team to name it – and then leave them to resolve it alone. That said it is my responsibility to draw it to the attention of the Project Coordinator and/or Head of Mission and explore strategies they can use to manage it. Follow-up remote correspondence can be useful.

The role of the psychosocial support worker can be stretching and requires a strong sense of purpose. There are times when clients forget

appointments or, unsurprisingly, emergencies occur. These times can be an opportunity to send an email home or confer with Amsterdam (if there is internet access), but it is also an opportunity to contribute to the report that needs to be finished by the time I leave. Alternatively, it is a time to seek out staff who might not wish to have a formal appointment with me, but whose conversations will contribute to a fuller picture of the project's psychosocial profile. Just as with my formal meetings, I need to be transparent and collaborative in my approach about what I intend to do with the information I hear. At the same time, it is important that staff feel that they can trust me and that I am not trying to catch them off-guard.

And when I have written the final draft of my report, emailed it to Amsterdam and provided a verbal summary of it to the Head of Mission, Medical Coordinator and relevant Project Coordinators, I still wonder at how privileged I am to be a part of the most internationally reputable humanitarian agency. Just as MSF staff practice "témoignage"[5] for their beneficiaries, I am pleased that I can bear witness and raise awareness to the skills and mental resilience they apply in extremely demanding environments.

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Cayoun, B. (2011) *Mindfulness-integrated cognitive behaviour therapy: general principles and guidelines*. John Wiley & Sons: Chichester, W. Sussex

Cooperrider, D. & Whitney, D. (2005) Appreciative Inquiry: a positive revolution in change. Berrett-Koehler Publ: San Francisco.

Epston, D. & White, M. (1992) Experience, contradiction, narrative and imagination: selected papers of David Epston and Michael White. Adelaide: Dulwich Centre.

Médecins Sans Frontières, United Kingdom. *Advocacy and Témoignage*. Sourced 13 January 2012 from http://www.msf.org.uk/advocacy.aspx

Williams, M., Teasdale, J., Segal, Z. and Kabat-Zinn, J (2007) *The mindful way through depression: freeing yourself from chronic unhappiness*. Guilford Press: New York

5 'Témoignage' – from the French verb 'temoigner,' literally 'to witness'. In MSF, this means willingness to speak out on behalf of the people it assists (Médecins Sans Frontières, United Kingdom)

International Society Removes

At the instigation of its New Zealand branch, members of the *International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses* (www.isps.org) have voted, by an overwhelming majority (84%), to change its name to the *International Society for Psychological and Social Approaches to Psychosis*. The change, proposed by the New Zealand branch of ISPS, comes at a time when the scientific validity of the term schizophrenia is being hotly debated in the lead up to the publication of the latest edition of the *Diagnostic and Statistical Manual* (see http://dxrevisionwatch.wordpress.com).

ISPS promotes psychological treatments for people who experience psychosis (e.g. hallucinations and delusions), and greater understanding of the psychological and social causes of psychosis. Founded in Europe in 1956, ISPS now has branches in 19 countries, has published 13 books in the last decade (4 of which are by New Zealanders) and has its own scientific journal, *Psychosis* (www.tandf.co.uk/journals/rpsy), edited by Professor John Read of the University of Auckland. Its 1400 members include psychiatrists, psychologists, nurses, occupational therapists, family therapists and researchers, as well as users of mental health services and family members.

In debates preceding the vote the two primary reasons put forward in favour of the change were that the term 'schizophrenia' is unscientific and stigmatizing. The construct has little or no reliability (the extent to which experts can agree on who meets criteria for a diagnosis) or validity (the construct's ability to predict things like outcome or response to treatments). Research has also repeatedly found that 'schizophrenia' is one of the most stigmatizing of all psychiatric labels, and promotes unwarranted pessimism about recovery because of the implication that people with this diagnosis suffer from an irreversible 'brain disease'.

ISPS (International) Chairperson Dr Brian Martindale (a UK psychiatrist and psychotherapist):

> "This significant change reflects the ISPS's determination to persuade mental health services to provide high quality psychological interventions for users and families when psychosis is involved. We need to move on from the stigmatising and false idea that schizophrenia is a single identifiable biologically determined 'disease'"

'Schizophrenia' from its Title

ISPS New Zealand Chairperson Debra Lampshire (who has experienced psychosis and is now a trainer of mental health staff and a staff member of the School of Nursing at the University of Auckland):

"We are very proud that the New Zealand branch initiated this name change, and delighted that our international members voted overwhelmingly to get rid of this awful, unscientific term, that has damaged so many lives with its connotations of violence and its pessimism about recovery. We need to focus more on the social causes of mental health problems."

ISPS is not the first to do this. The Schizophrenia Fellowship changed its name to Supporting Families in New Zealand and to Rethink Mental Illness in the UK for similar reasons.

Source - Media release from the International Society for Psychological and Social Approaches to Psychosis

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8th MAKING SENSE OF PSYCHOSIS Conference: 'VALUING SUBJECTIVE EXPERIENCE'

First joint conference of the Australian and NZ branches of ISPS (www.isps.org)
August 29th 2012 (training workshops), 30th & 31st (seminars), University of Auckland

For Registration form email: ispsnz@gmail.com

To submit an abstract (250 to 300 words) to present a paper on your research, work or experiences of psychosis and/or mental health services, email Ingo Lambrecht on ingol@adhb.govt.nz, by June 1, 2012

SUPPORTED BY: NEW ZEALAND PSYCHOLOGICAL SOCIETY

Changes to the Crimes Act

New Zealand Nurses Organisation (NZNO) lawyer Margaret Barnett-Davidson

This article was first published in Kai Tiaki Nursing New Zealand, February 2012 and is reprinted with permission of the New Zealand Nurses Organisation

From March 2012, failure to protect a vulnerable child or adult could be deemed a criminal offence. Nurses and other health workers must know how best to protect their patients.

Nurses, midwives and caregivers do not, as a rule, have to concern themselves with any changes to the Crimes Act. The Crimes Act 1961 essentially lays out all the criminal offences for which people in New Zealand can be tried. Health professionals and caregivers are preoccupied daily with providing the best care possible to patients and so do not normally associate their actions with a potential breach of criminal law[1].

Nurses and midwives intuitively know their practice is far from attracting any sanction under the criminal law. The threshold for any failure to provide care for a patient, or neglect of that duty of care, amounts to a major departure from the standard of care expected of a reasonable nurse or midwife. This is far from what nurses and midwives daily aspire to in caring for patients[2].

Recent changes to the Act were primarily designed to widen the criminal accountability net for the offence of ill-treatment, neglect and serious violence against children. The changes expand the legal duties of those caring for children and increase the maximum penalty for this offence. As part of the recent changes, however, from March 19, the Crimes Act includes a new offence against a new group defined as "vulnerable adults" who, like children, for various reasons are not able to remove themselves from a risk of serious harm[3].

1 Keenan, R. (gen ed) (2010) *Health care and the Law,* 4th Ed. New Zealand: Brookers Ltd.
2 Section 150A of the Crimes Act 1961 outlines the standard of care required of persons under legal duties
3 New Zealand Parliament (2011) Crimes Amendment Bill (No 2). www.parliament.nz/en-NZ/PB/Legislation/Bills/7/e/d/00DBHOH_BILL10599_1-Crimes-Amendment-Bill-No-2.htm. Retrieved 25/01/12.

The changes to the Act include the repeal of the offence of Cruelty to a Child (section 195), replacing this with Ill-treatment or Neglect of Child or Vulnerable Adult (s195), and the new offence of Failure to Protect Child or Vulnerable Adult (s195A).

It is the latter new offence which nurses, midwives and caregivers need to be aware of, as it creates potential criminal liability for a failure to protect a vulnerable person from the potential actions of others – a crime of omission – rather than the more usual crime of commission.

The elements of the new offence have wide reaching implications for health-related institutions and practitioners. This article provides an overview of what the elements of the new offence are, and advice to health workers on how best to protect the vulnerable adult who they know is at risk.

Under the new section 195A, a staff member of any hospital, institution, or residence where a child or vulnerable adult resides, who has frequent contact with the vulnerable adult, and who knows s/he is at risk of serious harm due to the unlawful actions by another person or because someone else has grossly neglected their duty of care to that person, is liable to a maximum of 10 years in prison, if the staff member fails to take reasonable steps to protect the vulnerable adult from that risk. A vulnerable adult is defined in the Act as *". . . a person unable, by reason of detention, age, sickness, mental impairment, or any other cause, to withdraw himself or herself from the care or charge of another person"*.

The duty to protect could extend to staff in any hospital, institution or residence and can include doctors, nurses, midwives, caregivers, support workers and ancillary staff. These staff can include emergency department staff, Plunket nurses, public health and district nurses, midwives, community mental health nurses, aged-care health professionals and caregivers, staff in IHC and mental health residences in the community, all district health board (DHB) staff, and any health professionals who screen patients for risk of family violence.

The elements of the offence, when looked at one by one, hopefully make charges under the offence very unlikely. For example, the nurse who cares for a vulnerable adult such as an elderly resident in a nursing home or hospital would have to have frequent contact with the patient, know the patient was at risk of very serious harm by another person as described in the offence, and then fail to take reasonable steps to protect the patient from that risk.

However, if a nurse has a suspicion based on evidence that another person poses a risk of serious harm to their patient, s/he should act on such a suspicion and err on the side of caution, rather than waiting for clear knowledge.

The duty to protect vulnerable adults from the known risk of serious harm has always been a duty nurses have attended to. Nurses will observe and report such risks as part of their ongoing risk assessment in the course of their care of a patient.

Taking reasonable steps

Failure to take reasonable steps to protect has not, however, previously had the potential to be a criminal offence. Therefore, once this change comes into force, it is essential nurses have good systems in place wherever they work that facilitate the reasonable steps they must take to protect such patients.

Such reasonable steps would involve reporting the knowledge to a manager or decision maker who can then decide, for example, not to discharge a mental health patient home to a risky environment where serious harm might occur. It is imperative nurses document such reporting of a patient known to be at risk, clearly and in full, in the patient's notes. Such reporting and follow up has always been, and remains, a patient advocacy skill and a hallmark of nurses' and midwives' professional autonomy.

All hospitals, institutions and residences where such children or vulnerable adults reside will need to put policies in place to ensure reasonable steps are clear and can be taken when there is a known risk.

No doubt, as next month's enforcement date gets closer, there will be further collaborative policy work involving DHBs, the Ministry of Health, the various regulatory authorities such as the Medical and Nursing Councils, professional groups such as NZNO, and other relevant government departments who will enforce the new changes, e.g. Police and Crown Law. This will ensure the protection of children and vulnerable adults can be facilitated without the risk of potential criminal liability to all those who care for such people.

Toward cultural safety: Experiences of a non-Māori therapist working with Māori clients –Part II

Marianne Lammers

Marianne Lammers, received her PhD in social psychology in 2002 from the University of Waikato. She co-ordinated the first year social psychology course at the psychology department of the university for six years, after which she accepted a position in the Hamilton Court managing the Restorative Justice Pilot Programme; a position she kept for five years. In January 2008 she started working for the Department of Corrections in Waikeria Prison as a facilitator in the Special Treatment Rehabilitation Programme for violent recidivist offenders who are mainly Māori; a position she still holds. Marianne noticed that in order to have a therapeutic alliance with her Māori clients she needed to become acquainted with kaupapa Māori, and to put that into practice in her work with her Māori clients.

Marianne was chair of the Waikato/BOP branch of the NZPsS from 2004 -2008 and is still on the executive. This year she organised and led the ethics workshop for the NZPsS Waikato branch in her region. She was also chair of the Institute of Counselling Psychology from 2007 to 2008 and is currently chair of the membership committee of the Institute.

This paper is published in two parts. In the last issue a literary review of culture and how New Zealand's political and social history negatively impacted Māori identity formation was discussed. This part of the paper will consider the psychological difficulties experienced by Māori from a wider context of socio-political influence, rather than see them as personal deficits. It will look at the values and practices of Māori culture as part of identity, and how to incorporate these values and practices in treatment, so that a culturally responsive intervention is delivered for Māori clients

He moana pukepuke, e ekengia e te waka
(A choppy sea can be navigated)
(Macfarlane, 2006)

It is not easy for a non- Māori practitioner who was born in Europe to be biculturally competent and deliver culturally safe treatment. However, it can be done with commitment, passion and perseverance.

Bicultural competence

Bridging the cultural divide starts with a focused 'awareness check' on how one's background shapes personal values, assumptions, and biases related to Māori people. Knowledge and understanding of the principles incumbent in the Treaty of Waitangi are needed as the basis of one's work. One also needs to make sure, as is stipulated by the New Zealand Psychologists Board (2006), that one has sound knowledge of psychological, historical, and socio-cultural influences, as well as a sound understanding of Māori values,

concepts, and processes. Furthermore, one needs to weave awareness and knowledge into practice when working with Māori clients, as is required by the Department of Corrections (2006). Becoming biculturally competent is a process; a journey that I have started.

Being involved and showing interest in things Māori is a step in the right direction towards becoming biculturally competent. To facilitate Māori participation in treatment programmes, one needs to incorporate Māori social values, such as mihi, whanaungatanga, whakamana, manaakitanga, awhi, and aroha into one's everyday work.

Māori social values

Māori values are based on relationships, a sense of community, on encouragement, love, care, and compassion.

Mihi is a structured relatively formal greeting of Māori. One can incorporate mihi into case management or interviews with a Māori client, thereby showing respect for Māori practices. This simple cultural intervention sets the tone of the meeting.

Whanaungatanga is about building relationships in a Māori context based on kinship, common locality, and common interests (Macfarlane, Glynn, Cavanagh & Bateman, 2007). It has to do with a person's relationship to their family, keeping in mind that the concept of 'family' is a great deal broader than the way Western people usually think of it (Durie & Hermansson, 1990). This way of making links is likely to be done by Māori on the basis of whakapapa

(genealogy), while non-Māori would be more likely to base it on shared experiences (Robertson et al., 2001). The essence of Whanaungatanga is the establishment and maintenance of links, relationships and responsibilities that help establish therapeutic rapport and the development of relevant interventions. It is also a vehicle towards improving self-esteem and identity, and developing meaningful support mechanisms for change (Huriwai, Robertson, Armstrong, Kingi & Huata (2001). Getting everyone to say who they are and where they come from at the beginning of a new group is part of the culture of my work environment at the Department of Corrections.

Being involved and showing interest in things Māori is a step in the right direction towards becoming biculturally competent.

The values of whakamana (encouragement and care), manaakitanga (reciprocal and unqualified care based on respect and kindness), aroha (love in all its different aspects, such as compassion, empathy, responsiveness), and awhi ('to touch, to embrace') are all similar and overlapping concepts based on a sense of community, on encouragement, love, care, and compassion (Durie & Hermansson, 1990; Macfarlane, Glynn, Cavanagh & Bateman, 2007). From a Māori point of view, explicit encouragement is a very important concept (Durie & Hermansson, 1990) that from a Western perspective values self-reliance, but is not always appreciated. Whakamana is more than encouragement, as it embraces 'manaakitanga', or caring for someone. One can build Manaakitanga into the kawa of a group, so that all members of the group, and not only the therapist treat one another with

kindness and respect. Adopting an ethic of care helps establish cultural connectedness. Closely related to respect and kindness is the concept

Māori values are based on relationships, a sense of community, on encouragement, love, care, and compassion

of tautoko (support). The writer experienced the meaning of support at a Māori function at Corrections where a client was not able to finish off his speech with a waiata because he did not know one by heart. The other side supported the person by singing with him, and the client was metaphorically embraced and supported by that action. Aroha is a principle that seeks positive relationships to enhance the wellbeing and self-worth of others and self, and is central to Māori interactions with people. As Durie & Hermansson (1990) point out, professionals are much better at talking to people but often "seem to lack or at least not demonstrate real compassion" (p. 113). Aroha is a form of compassion that makes communication possible.

Awhi means 'to touch, to embrace' and is basic to therapy from a Māori perspective (Durie & Hermansson, 1990). Mate Webb, cultural consultant to the Department of Corrections, stated that once a therapeutic alliance develops after trust is built, there may be occasions where an offender may embrace their therapist unexpectedly because that therapist may have been of such assistance that the offender is overwhelmed with gratitude or relief (Mate Webb, personal communication, 4 October 2010). Moreover, from a Māori perspective, greeting a past client with whom one has had a long and intense therapeutic relationship and whom one has not seen for some time may also include

a hug (Personal communication with TeeJay Halliday, Māori clinical psychologist, 6 October 2010). Mate Webb stated that responding appropriately with touch is seen as a sign of respect, and clients get humbled by that. Furthermore, rejecting a hug of appreciation could have a negative therapeutic effect.

Although touch is basic to therapy from a Māori perspective, Webb, as well as Durie and Hermansson (1990) have stated that it often presents a real problem for non-Māori professionals as it is at times seen as violating their Code of Practice. The Psychologists Code of Practice (2002) does not explicitly prohibit touch. However, Principle 3.3.2. states that therapists "maintain appropriate boundaries with those with whom they work and carefully consider their actions in order to maintain their role" (p.24). Because the Code is a guideline rather than Rules of Conduct (Seymour, 2007) one needs to use the Code as an aid to ethical decision making. Seymour states that the Code encourages practitioners to identify and consider higher order principles and values relevant to the situation and then to weigh the associated practice implications.

One practice implication of trying to work in a culturally safe manner is in a corrections setting in which clinical practice must take account of dynamics of offending behaviour such as for example sexual deviance and antisocial attitudes, and this poses an ethical challenge (Personal communication with Steve Berry, National Manager Special Treatment Units, 15 August 2009). Berry stated that the implications of a female therapist touching prisoners in such a context, arguably is a critical aspect of a debate that must be held and is difficult to resolve. Webb, who works in a sex offender unit in prison stated

that he had never seen a negative outcome of touch between therapists and prisoner clients in their unit when it was part of reciprocity and conveyed good intentions (Mate Webb, personal communication, 4 October 2010).

Professionals need to walk a fine line between attending to Māori clients' need for human touch within a cultural context, while not overstepping the ethical boundary. This can be done by applying the principles, values and practice implications in the light of the identified risks and benefits. Unless there is an identified risk that is greater than the benefit of culturally responding to a client's needs, attending to the client's feelings with appropriate touch, such as touching a shoulder, when trauma is disclosed should not interfere with treatment. To the contrary; it denotes empathy and compassion.

By a therapist implementing Māori values that are based on relationships, a sense of community, encouragement, love, care, and compassion, Māori clients' identity is strengthened.

Māori Concepts
Māori concepts such as whanau, hapu, and iwi, Te Whare Tapa Wha Māori model of health, tikanga, tika, and pono, are cultural concepts that facilitate wellbeing.

Whanau, hapu, and *iwi* refer to the family, the sub tribe and the tribe to which Māori declare they belong (Macfarlane, 1998). These represent nests of identity and security, as well as representing the importance of collective responsibilities and connectedness. Encouraging family connections by having whanau meetings while the men are still in prison, is part of the work in special Treatment Units.

Tikanga, tika and pono
Tikanga refers to a means of social

control. *Tikanga* Māori provides ways for groups to meet and interact and thereby control interpersonal relationships (Mead, 2003).

Tika refers to justice (Macfarlane, 1997) and is a relational principle which is underpinned by virtue of

being 'right and proper', while *pono* is a motivational concept of integrity (Dept. of Corrections, 2006) and the driving force of practicing the principles of tika and aroha. Our pono, our sense of integrity, propels us to practice tika and aroha. Tika, aroha, and pono are part of the kawa of our therapy group, and all are reminded to behave in the spirit of these concepts. Incorporating tikanga Māori in group ceremonies can be done by consulting the Māori consultant of one's unit, and by letting him guide staff so that protocol is followed.

One Māori model of health that incorporates all these values and concepts is Durie's (1994) Whare Tapa Wha model of health. Wellbeing from a Māori perspective is a holistic concept, with no sharp division between culture, society, and their institutions (McFarlane, 1997). The Whare Tapa Wha model positions individual wellbeing in relation to wider systems of connection (Te Wiata, 2003). The government's Department of Corrections incorporates this holistic model of health in their treatment programmes (Dept. of Corrections, 2006).

This health model represents the four walls of a house, each representing four different but complementary dimensions of well-being, such as the physical (tinana), mental and emotional (hinengaro), family (whanau) and spiritual wellbeing

(wairua). These need to be interlinked and balanced in order to experience a sense of wellbeing (Durie, 1994). When one dimension is out of balance, the other three dimensions are under stress. By using this model throughout the treatment programme, all sorts of issues can be discussed in terms of this wellbeing, and the model guides the group members as to what they need to attend to when things go wrong for them. The group members relate to this model because they have had personal experience of what happens when the different health dimensions are out of balance. They know, for example, that when they are mentally or emotionally unwell, their body, their family and their spirit are under stress because of it.

Spiritual wellbeing (wairua) is an essential part of the holistic Māori health model. Psychological settings, such as treatment rooms, also have a wairua which relates to the ethos or climate of the room or institution (Macfarlane, 1998). For wairua to be present in the treatment room a therapist needs to behave authentically (tika), with compassion (aroha), and bring clinical as well as cultural practitioner knowledge (pono) to the practice in a way that is responsive to the needs of Māori clients. Furthermore, there needs to be institutional support for a therapist to honour Māori values and protocol, and this support needs to include financial support so that, for example, a practitioner can practice manaakitanga by providing food and drink at culturally appropriate times. The institutional climate therefore interacts with the therapist's cultural practices and determines the wairua,

whether good or bad, in the treatment setting.

Things one can do to respond to the needs of Māori clients

In my work as a psychologist conducting group therapy in a special treatment unit in prison, with a largely Māori clientele, there are several things that help in my goal of becoming a culturally safe practitioner.

- Consulting Māori colleagues in one's work with Māori clients.
- Including Māori social values into group therapy work.
- Using cultural processes and protocols.
- Linking key Māori concepts with key behavioural concepts of the programme.
- Using Māori words where one can.
- Looking behind behaviours that are seen as 'deficient' from a Western perspective and reading them rather as behaviours reflective of difference.
- Promoting the Bicultural Therapy Model (BTM) and encouraging Māori clients to enrol in it. It is crucial to promote this therapy model, for as Durie (2003) points out, approaches that connect people with their culture and their communities help to develop a secure cultural identity and increase the potential for change. Psychological treatment and bicultural therapy therefore work in tandem, side by side, and each mutually enhances the other for the benefit of our Māori clients.
- Using cultural supervision to guide one's work by discussing responses to cultural issues that arise in group. Being able to bring current issues to supervision and getting a Māori perspective on the dynamics in the therapy room is invaluable in one's work.

By diligently practising all of the above, one can be confident of being better able to be responsive to the needs of Māori, and Māori clients are more likely to feel culturally safer when participating in group therapy.

Finally, there is emerging evidence in New Zealand, as well as overseas, that attention to cultural issues not only increases client satisfaction, but also retention in treatment (Robertson et al., 2001). It thereby shows that attending to cultural issues is not only honouring our obligation under the Treaty of Waitangi, it is also critical to the responsivity aspect of Andrews and Bonta's (2006) Risks/Needs/Responsivity model of treatment upon which the Department of Corrections bases their recidivism reduction programmes for offenders.

The institutional climate therefore interacts with the therapist's cultural practices and determines the wairua, whether good or bad, in the treatment setting

Summary

This two-part study has shown how a non-Māori practitioner found (and still finds) culturally appropriate ways to respectfully work with Māori clients. *Part one* showed how New Zealand's political and social history impacted on Māori identity formation with political acts that diminished, demeaned, and disempowered the cultural identity of the Māori population. *Part two* showed how the writer found ways to familiarise herself with the values and practices of Māori culture, and gain an understanding of the meaning of these practices. She came to the understanding that if practitioners are committed to best practice, they will commit to a culturally responsive intervention for Māori clients and will show a willingness to understand and experience Māori culture so that they can deliver culturally safe treatment. Practical ways to incorporate Māori concepts and values into day-to-day work with Māori clients were discussed.

> *Kia kite, kia matau, I Te Ao Māori, ma te reo*
> It is only through exposure to and awareness of Māori culture and language that an understanding of a Māori world view will develop (Macfarlane et al., 2007).

Acknowledgments

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In this section we feature articles from NZPsS/NZCCP conference keynote presenters David Barlow (in association with Amantia Ametaj) and Heather Gridley.

Science and Practice, Past, Present and Future: A Perspective

Amantia Ametaj and David Barlow, Boston University

David H. Barlow is Professor of Psychology and Psychiatry, and Founder and Director Emeritus of the Center for Anxiety and Related Disorders at Boston University.
He has published over 500 articles and chapters as well as over 60 books and clinical manuals, mostly in the area of emotional disorders and clinical research methodology. The books and manuals have been translated in over 20 languages, including Arabic, Chinese, Hindi, and Russian.

Amantia Ametaj received her B.A. in Psychology from Boston University in 2009. Currently, she works as a research assistant and administrative assistant at the Center for Anxiety and Related Disorders at Boston University. Her research interests include emotion (dys)regulation processes and mechanisms of action in treatments for anxiety and emotional disorders.

The notion that psychological practice can actually be influenced by science is a relatively new phenomenon in psychology, and indeed in all of the mental health professions, with origins in the 1960s and 1970s. Since one of us (DHB) began his career in that era, it is revealing, to say the least, to reflect back on the state of clinical science at that time.

The Past
Hans Eysenck's notorious article on the lack of effects from psychotherapy first published in 1952 (Eysenck, 1952) but reprinted more prominently in later years (e.g., Eysenck, 1965) had roiled the largely psychoanalytic establishment. His findings, based on crude actuarial tables from the records of insurance companies of the day comprise, perhaps, the first primitive quantitative review or "meta-analysis," and while the science underlying his conclusions on the relative ineffectiveness of psychotherapy was weak indeed, there were no objective findings to offer in refutation. The most usual response to Eysenck's assertions at the time is represented by a quote from Hans Strupp, himself one of the pioneers of psychotherapy research, "Clinical observations amply document that many patients benefit from an interpersonal relationship with a professional person when they are troubled by difficulties in

living and are seeking help. To argue otherwise is simply to close one's eyes to the facts" (Strupp, 1964, p.101).

Nevertheless, there was a growing belief among many, including Strupp, that we should be striving to demonstrate the effects of psychological interventions through the scientific method, but the fact was that nobody had a good idea of how to do it. The few clinical trials conducted in those years tended to be extraordinarily ambitious with numbers of patients running well into the hundreds. Perhaps the best known of these studies is one of the first: the Cambridge Somerville Youth study, designed to explore the effects of a psychosocial intervention on what might today be called conduct problems in adolescents or, at the very least adolescents at risk for conduct problems. In this study 650 boys were randomized to active treatment or treatment as usual. The ten therapists in the active treatment condition had no formal training and were told to do, "whatever you think is best" for five sessions a year for up to five years. Typically, therapists focused on arranging physical exams, organizing a stint in a summer camp, or placement in special education, along with a bit of counseling. The boys were not characterized in any meaningful way nor were any measurements systematically collected, but crude outcomes, such as contact with the law or other kinds of difficulties encountered in subsequent years revealed, not surprisingly, no differences between groups at the end of the 5 years trial. Despite the initial finding the study continued for 30 years replicating the finding of no differences between groups at 10, 20 and 30 years after the interventions had taken place. This study and others like it, such as a large naturalistic study from the

Menninger Clinic (Kernberg, 1973) led to considerable despair among the psychotherapy researchers of the day. Indeed one the most sophisticated psychotherapy researchers of that era, Carl Rogers, well known for his early work in psychological treatments for schizophrenia, advocated abandoning formal research in psychotherapy altogether in 1969 since it was yielding nothing of value and had no impact on practice.

….governments around the world and their healthcare systems, faced with demonstrably inadequate healthcare and spiraling costs have decide that the quality of healthcare should improve, that it should be evidence-based, and that it is in the public's interest that this happen.

Another pioneer in our field, Gordon Paul, suggested that the question "is psychotherapy effective?" was the wrong question to ask in the first place since any test of a global treatment such as psychotherapy was bound to fail. He urged that clinical researchers begin defining the independent variable (therapy) more precisely and ask the question "what specific treatment is effective with a specific type of client under what circumstances?" (Paul, 1967, p.112). Following Paul's guidelines, the early work of pioneers such as Wolpe, and Marks, but also Bergin and Strupp changed the landscape of research on psychological treatments. This was due to the promise, if not the realization, at that time, of translating research from basic psychological and behavioral science to the applied arena in the service of developing and evaluating more effective interventions (Barlow, 2011; Hersen & Barlow, 1976). Also during this decade, conceptualizations of psychopathology became more empirical and specific, facilitating the development of reliable

and valid dependent variables, and both behavioral and psychodynamic treatments were described in detail, paving the way for more systematic and objectively defined independent variables.

The Present
Now several generations have passed and those of us who were trained in that era are approaching the end of our careers in very different circumstances. At this time, governments around the world and their healthcare systems, faced with demonstrably inadequate healthcare and spiraling costs have decide that the quality of healthcare should improve, that it should be evidence-based, and that it is in the public's interest that this happen (Barlow, 2004; McHugh & Barlow, 2012). In no area of health care has this proscription produced more radical change than among the mental health professions, with psychology most often leading the way in the development and evaluation of evidence-based psychological treatments. In the remainder of this essay we provide a brief overview of how we have reached this point, the current status of our applied science, and the barriers we must overcome if we are to continue to progress during the coming years.

Ultimately many of the earliest psychological treatments showed only limited efficacy in the clinic included in this group are early treatments for anxiety disorders such as Wolpe's systematic desensitization or even early in vivo exposure based procedures. But with a new emphasis on the scientific process, investigators began to find out why. For example, in the 1980s the centrality of panic attacks to many anxiety disorders was discovered and, in particular, the realization that internal cues were just as important, if not more important in triggering fear and anxiety than situational cues

due to the process of interoceptive conditioning (Barlow, 1988). We also learned that avoidant behavior that prevented the full processing of fear cues extended beyond gross situational avoidance to subtle behavioral, cognitive, and emotional avoidance since patients would often utilize safety signals or distraction during exposure exercises. Finally there was a realization that the methods of exposure based procedures had failed to keep up with the advances in the basic science of fear learning and extinction. This was largely, it turns out, due to a misguided focus on fear reduction within exposure based sessions as opposed to redirection of therapeutic efforts to increase retrievability of competing associations and memories. In other words, scientists discovered that the creation of new memories associated with both external and internal cues, if sufficiently established, could override existing fear responses without necessarily eliminating them.

With developments such as those just described in the anxiety disorders, and similar progress in other areas, it became clear to both practitioners and healthcare policy makers that robust evidence-based psychological treatments exist for a variety of disorders and problems, and the these treatments should be disseminated to those who could benefit from them. Table 1 presents just a partial listing of some of the disorders for which evidence exists demonstrating clear efficacy of psychological treatments compared to credible alternative treatments. In many cases psychological treatments are also as good as or better than alternative drug treatments for certain classes of disorders, such as anxiety or mood disorders, and are clearly more enduring after treatments are discontinued. For other disorders

such as schizophrenia, psychological treatments, when combined with appropriate medications as much as double the efficacy of medications both immediately, and more importantly, over lengthy follow-ups.

There are several reasons for this success. First, as alluded to above, we have a greater understanding of the nature of psychopathology and pathophysiology resulting in new more precisely targeted treatments. Second, clinical research methodologies suitable for demonstrating efficacy of interventions both short and long term have improved substantially. Finally, healthcare systems and governments around the world, noting this strong evidence, are adopting and promoting evidence- based   psychological interventions. Two notable examples of this initiative include the program in the National Health Service in the United Kingdom titled "Improving Access to Psychological Therapies (IAPT)". In an attempt to provide an alternative to medications, particularly

antidepressant medications, over 3,000 new therapists have been trained in cognitive behavioral approaches to anxiety and depression reaching across 115 out of a total of 154 primary care trusts in the UK as of late 2010. By that time over 300,000 people had been seen in these services with detailed outcomes assessments on over 90% of these patients and almost 8,000 people had been moved off of sick pay and state benefits as a result of these services. Because of this success, the coalition government in the UK has renewed the IAPT this past year despite stringent budgets in effect at this time.

In the United States, the health care system that comes closest to a national healthcare system is the Veteran's Administration Health Care system that serves over 6 million veterans annually with over 1 million of those veterans presenting with mental health concerns. Well over a billion U.S. dollars have already been spent and over four thousand mental

Table 1
Specific Psychological Treatments (PT) vs. Medication or Alternative Treatments published in JAMA or New England Journal of Medicine

Disorder Study	Results	
Stress incontinence in the elderly/women	PT > Meds + Control at acute and follow-up	Burgio et al., 1998; Goode et al., 2003
Insomnia	PT > Meds or Placebo at acute + follow-up	Morin et al., 1999; Sivertsen et al., 2006
Depression & physical Health in Alzheimer's patients	PT > Routine medical care	Teri, et al., 2003
Gulf War veterans' illnesses	PT > Usual Care or Alternative Treatments at follow up (modest effects)	Donta, et al., 2003
Depression	PT = Meds with PT + Meds > than either alone at follow up	Keller et al., 2000
Panic disorder	PT = Meds at acute – both > placebo PT > Meds (or PT + Meds) at follow-up	Barlow, Gorman, Shear, & Woods, 2000
PTSD	PT > present centered psychotherapy	Schnurr et al.,2007
Tourette disorder	PT > supportive therapy & education Effect size = .68	Piacentini et al., 2010

NOTE: PT= psychological treatments; Meds= medication

health professionals, many of them psychologists, have been hired over the past several years increasing mental health staff to over 16,000. Many of these professionals participate in training on administering evidence-based psychological treatments, particularly for the tragically large number of cases of post-traumatic stress disorder entering the system as a result of recent wars.

More idiographic approaches such as single-case experimental designs or collaborations with front-line clinicians collecting outcome measures in clinical replication series to track progress over the course of treatment could also help in bridging this gap between science and practice

Additionally, two other developments have attracted attention and facilitated progress. First psychological treatments have evolved such that the evidence-base is more important than the "school" of psychotherapy from whence the procedure was derived. Hence while many evidence-based procedures are cognitive-behavioral in origin, procedures and techniques with developing evidence have been derived from different approaches. Perhaps the best known example is motivational interviewing originally validated as effective with addictive disorders and more recently found to contribute significantly to the treatment of anxiety and mood disorders (Arkowitz et al., 2008). And yet this procedure is very clearly derived from client-centered Rogerian therapy. It is likely that schools of psychotherapy will become an anachronism in years to come and theoretical approaches will blur in the face of the development of more finely targeted treatments based on increased knowledge of psychopathology derived from the best evidence available.

Second, in every survey taken, consumers prefer psychological treatments to drug treatments by a wide margin. This factor is also important in supporting and encouraging wide-spread dissemination and implementation of psychological therapies.

The Future

Despite advances, many barriers remain in the development, dissemination, and implementation of evidence-based psychological treatments to front-line clinicians. First, a significant number of patients (up to 30% -50%) do not respond adequately to current cognitive-behavioral treatments. Reasons for treatment non-response have been linked to a number of factors such as lack of treatment engagement, initial severity/functional impairment, and patterns of comorbidity, but these factors are not clearly understood and have yet to be extensively investigated (Barlow, 2008; Nathan & Gorman, 2007). More research in understanding the mechanisms of action of treatments as well as deeper understanding of psychopathology is needed to improve short and long term treatment efficacy.

One interesting development that may improve treatment efficacy is the inclusion of drugs that bolster the effectiveness of the mechanisms of action of psychological interventions. Based on translational research from neuroscience, an antibiotic drug D-cycloserine (DCS) has been shown to enhance the extinction of fear and anxiety responses. DCS is used in CBT acutely, meaning that it is only taken just before an exposure session begins. Clinical trials in social anxiety disorder (Hofmann et al., 2006), OCD (Wilhelm et al. 2008) and panic disorder (Otto et al., 2010) have shown that DCS does enhance efficacy of CBT. Research is now expanding

to other disorders. Additional research has demonstrated that another drug, neuropeptide oxytocin, which is fundamentally associated with trust and interpersonal closeness may prove to be therapeutically adjunctive. Investigators are now exploring whether this substance could be used to augment psychological treatments for social anxiety and avoidance as well as for autism. Preliminary research shows that nasal administration of oxytocin increases the encoding of positive social information and gazing towards the eye region of human faces (Guastella, Mitchell, & Dadds, 2008; Guastella, Mitchell, & Mathews, 2008). One preliminary study reports that individuals with social anxiety treated with psychological treatment enhanced by oxytocin performed better in public speaking scenarios than those not receiving oxytocin (Guastella, Howard, Dadds, Mitchell, & Carson, 2009). However, both of these drugs are in the preliminary stages of being tested and more research is needed to determine their efficacy in enhancing psychological treatments.

An emerging solution is a transdiagnostic approach to treatment that emphasizes principles of change.

Second, methodological approaches to treatment research constrain progress and dissemination. Thus, most randomized controlled trials of psychological treatments utilize a nomothetic approach, lumping individual differences into group averages to distill general findings. However, research on the variability in individuals' response to treatment is important in order for clinicians to generalize from these data to the individuals that they serve. This type of research has increased in the last decade but it is important that

research methodologies do not stray far from individual data in order to be most useful. More idiographic approaches such as single-case experimental designs or collaborations with front-line clinicians collecting outcome measures in clinical replication series to track progress over the course of treatment could also help in bridging this gap between science

and practice (Barlow, 2010). In these instances, individual failures could be noted and highlighted, and hypothesis generated on possible reasons for these failures.

Third, manuals outlining psychological treatments for the various disorders have proliferated leading to the need for clinicians to be trained on multiple manuals since each protocol typically focuses on only a single diagnosis, ignoring comorbid disorders. But the amount of training required for becoming competent with one manual alone can be costly and time consuming (McHugh & Barlow, 2010). Clearly this has become untenable.

An emerging solution is a transdiagnostic approach to treatment that emphasizes principles of change. The advantages of this approach would be that clinicians could better address comorbid disorders as well as target several disorders simultaneously by focusing on the underlying dimensional components (Brown & Barlow, 2009). One such treatment is the expanded cognitive –behavioral protocol for all eating disorders developed by Chris Fairburn and associates. Another is the unified protocol for the transdiagnostic treatment of emotional disorders

(UP) developed in our center by distilling core traditional cognitive-behavioral techniques, while also incorporating findings from emotion science, basic knowledge from research in psychopathology and cognitive neuroscience, and other clinical components such as motivational interviewing (Barlow et al., 2011; Barlow et al., 2011).

> To date, several computerized-psychological interventions that have been tested and shown to be the most efficacious and these studies have found computerized CBT for anxiety disorders and depression to be comparable or in some cases better than CBT with a therapist

Data from an initial clinical trial suggest the UP's efficacy to significantly reduce symptoms across anxiety and related comorbid disorders (Farchione et al., in press). Currently a major randomized controlled trial is underway at our center to determine UP's efficacy with specific anxiety disorders compared to well-established single diagnosis protocols such as those for panic disorder (Barlow & Craske, 2007) or social anxiety disorder (Hope, Heimberg & Turk, 2006).

Finally dissemination and implementation of psychological treatments, while successful in some highly centralized systems, has generally been slow and spotty compared to dissemination of drug treatments. Technology-based intervention and training is already a flourishing new frontier in clinical psychology research and treatment and may provide one answer to this barrier. These approaches would help to increase the dissemination of effective evidence based-treatments and provide access to these treatments in rural and remote locations and for under-serviced population. It is also anticipated that technology-based service delivery would have the added benefit of reducing overall treatment costs (Barlow & Carl, 2011).

To date, several computerized-psychological interventions that have been tested and shown to be the most efficacious and these studies have found computerized CBT for anxiety disorders and depression to be comparable or in some cases better than CBT with a therapist (Proudfoot, 2004; Reger & Gahm, 2009). Other formats, which include clinicians and mental health specialist more directly in the process of delivery of computerized-treatments, have been explored. For example, Craske and colleagues (2009) have shown good preliminary evidence in symptom reductions with their program, Coordinated Anxiety Learning and Management (CALM), addressing anxiety disorders in primary care settings with a combination of clinician computer-assisted treatment delivery along with self-administered computer treatment. This hybrid approach has been found to have higher patient retention than computer-based treatment alone (Craske et al, 2009; Proudfoot, 2004).

Dimeff and colleagues (2009) have also shown evidence for computerized training programs for clinicians in dialectical behavior therapy skills. Their results show that web-based interactive training can have better learning outcomes for acquiring the information on the principles of interventions than traditional didactic methods. These programs may be easier to disseminate and would allow for standardization of quality of training. However, more research is needed to determine the long-term outcomes of therapist adherence to the training that they have received.

Conclusion

The senior member of this authorship team, approaching the end of his career, can look back and appreciate the revolutionary advances in the development and implementation

of evidence-based psychological treatments. The junior member of this authorship team, just beginning her career, will focus on the very large obstacles and challenges that lie ahead if we are to achieve the fullest realizations of our goals of alleviating human suffering and enhancing human functioning. While taking some satisfaction in the road we have travelled, it is no more than an interim way station in achieving our goals of advancing the practice of psychology through science.

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An Introduction to Compassion Focussed Therapy

**presented by
Gerard Pauley
6 November Palmerston North
9 November Dunedin**

Compassion-Focussed Therapy (CFT) is a relatively new therapeutic approach to working with individuals with psychological disorders, particularly those with significant issues with shame and high levels of self-criticism. This approach emphasises the importance of compassion being conveyed by the therapist within the therapeutic relationship and focuses on the potential this has to act as a powerful agent for change. In addition, CFT stresses the importance of helping individuals to learn how to develop their own abilities to be compassionate towards themselves through Compassionate Mind Training (CMT), which is an importance component of CFT.

For more information please go to: www.psychology.org.nz/NZPsS_Prof_Dev

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Psychology, science, spirituality, religion and culture – harvesting the gifts of all our ancestors

Heather Gridley, Victoria University, Melbourne

Heather is a humanities-based psychologist with a passionate commitment for social justice issues. Her interest in community psychology stemmed from her work in community health in the 1980s where she became aware of the limitations of interventions directed solely at individuals. Heather's teaching, research and practice are based on feminist principles and in 1995 she received the Australian Psychological Society's Elaine Dignan award for her contributions concerning women and psychology. She is currently employed at the APS as Manager , Public Interest.

[1] *Our scientific culture educates us to focus on the physical and material world in front of us. This method… has achieved great results. One of its consequences, however, is that we have, as it were, edited out the sense of the 'spiritual' or the 'holy' which pervades the lives of people in more traditional societies at every level and which was once an essential component of our human experience of the world. (Armstrong, 1999, p.10)*

This observation has particular salience for the science of psychology that has at its core the task of understanding the human experience, but it also raises some challenging questions. If psychology is an evidence-based science, how can and does it take account of the world views, cultural frameworks and spiritual practices of the full range of populations it purports to study and serve? How

did we end up with a notion of science so narrow that it seems to exclude by definition Indigenous knowledges, Chinese medicine and other ancient wisdoms that have sustained whole cultures for millennia? And where might we still 'draw the line' on what does constitute empirical evidence - evidence based on systematic observation or documented experience, rather than 'blind' faith?

In this article, I take a brief but critical journey through psychology's past to address these questions, to examine where notions of spirituality might or might not fit in, and to consider how a more holistic psychology could enable us to fulfil our ethical mandates of respect, justice and competence in the context of spiritual, religious and cultural diversity. Spirituality is defined here as the human quest for meaning, purpose and transcendence, with religion delineating the convictions, traditions and shared practices of a specific faith community. The concepts are related but by no means synonymous.

Psychology and the ancients – which ancients?
Accounts of psychology's history

1 This article draws substantively on a previous paper by the same author, and is reproduced with permission of the publisher, the Australian Psychological Society. See: Gridley, H. (2009). Psychology, spirituality, religion and culture – harvesting the gifts of all our ancestors. InPsych: Bulletin of the Australian Psychological Society 16: http://www.psychology.org.au/inpsych/spirituality/

typically link the discipline's scientific credentials to its Greco-Roman, Judaeo-Christian, western secular rationalist heritages, tracing its roots back to the ancient Greek philosophers, physicians and mathematicians – some with a list of names in an unbroken line, like the papal succession. Others focus on the world view that the relatively young discipline of psychology shares with these 'ancients'. But they mostly do so uncritically, taking the legacy as a gift, and failing to consider what was left out of the package in the development of these accounts – for example, indigenous, esoteric/eastern and Islamic traditions. When Hothersall (2004) writes, 'The importance of having scientific theories at all – so as to be able to predict and control events in our world – was first recognized by the ancients' (p.16), he is still making several crucial but questionable assumptions about the goals of science and the boundaries of the ancient world.

Figure 1

The *zeitgeist*, or spirit of the times, is shaped by our history and culture that determine what is considered worthy of study, by our philosophical traditions (epistemologies) that delineate what is accepted as 'truth', and by our methodologies that establish criteria for how we know – the rules of the game. We might well ask what was the nineteenth century zeitgeist that meant white settlers and psychology's founding fathers in Australia preferred to gather and measure Aboriginal skulls (Turtle & Orr, 1989), rather than asking 'how have you survived in this harsh terrain and climate for so long? Can you give us any clues about how to live in harmony with the land and with yourselves?'

Many of psychology's key questions, research methods and theoretical approaches can be traced back to the work of the ancient Greek philosophers (Socrates, Plato and Aristotle), mathematicians (such as Pythagoras) and physicians (such as Hippocrates and Galen). The discipline we have inherited addresses many of the questions that were first considered by philosophers in ancient Greece and Rome, and has adopted many of the methods of science that developed within the Judaeo-Christian and Islamic worlds. The patriarchal Greco-Roman world largely assumed the Aristotelian 'ladder of creation' with 'man' conveniently having dominion (and a mandate for empire and conquest) over fauna, flora and the rest of the earth's resources. The ensuing research questions of interest centred on the imperative to 'predict and control' the natural world. The monotheistic religious traditions placed God at the very top of the hierarchy, which particularly suited various emperors and other autocratic rulers claiming a 'divine right' of empire. The knowledge systems and cosmologies of conquered peoples were dismissed as 'barbarian' ('of the bearded ones', by the clean-shaven Romans!) or pagan (by Christians, even as they overlaid seasonal rituals with their own birth and death-rebirth narratives of Christmas and Easter, which are so out of kilter with our southern hemisphere seasons).

Faith and reason – beacons of wisdom through the Dark Ages

Throughout what was known in Europe as the Dark Ages, the twin traditions of monasticism and scholasticism kept the cultural legacies of the Judaeo-Christian and Greco-Roman worlds alive, mainly by the careful transcribing of ancient manuscripts, with not much evidence of innovation – the message was that faith (in holy writ) plus reason (in the Greek philosophical tradition) provided all that was needed to reach truth. The real developments in science, medicine, literature and engineering were taking place elsewhere, in the Islamic world of Al-Farabi and Avicenna (Ibn Sina), and farther afield in places like China, India and South America – but what do we know of those? In a speech at Oxford in 1993, Prince Charles lamented Western ignorance of Islam's place as 'part of our past and present, in all fields of human endeavour'. As he went on to plead for an end to hostility between the West and Islam, his words picked up the theme of domination underpinning accepted definitions of science:

> *A comprehensive philosophy of nature is no longer part of our everyday beliefs. I cannot help feeling that, if we could now only rediscover that earlier, all-embracing approach to the world around us, to see and understand its deeper meaning, we could begin to get away from the increasing tendency in the West to live on the surface of our surroundings, where we study our world in order to manipulate and dominate it, turning harmony and beauty into disequilibrium and chaos.*

Psychology's largely unquestioned assumption that the only 'ancients' that should be counted among its ancestors could be found in European cultural history also meant that Eastern esoteric traditions were largely ignored, at least until the recent focus on mindfulness deriving from Buddhism.

Mathieson (2001) presented findings from an investigation of similarities and differences between Zen concepts as applied to the traditional Japanese martial arts and the concepts of sport psychology as applied to Western sports. He cited a comparison often drawn between two poems about flowers, one by Tennyson and the other by 17th Century Japanese haiku master Basho. Tennyson's urge is to impose his will on the flower, plucking and dissecting it in order to understand its mysteries; Basho is content to observe and celebrate the flower in situ.

> *When I look carefully*
> *I see the nazuna blooming*
> *By the hedge!*
> *(Basho, 1644-1694)*
>
> *Flower in the crannied wall,*
> *I pluck you out of the crannies;*
> *Hold you here, root and all, in my hand,*
> *Little flower – but if I could understand*
> *What you are, root and all, and all in all,*
> *I should know what God and man is.*
> *(Alfred Lord Tennyson, 1809-1892)*

Motherless, soul-less child: the Renaissance and the birth of modern science
Still taking its cue from the Greeks' emphasis on order, measurement and control, the 17th Century Western scientific revolution emphasised a methodology of quantification, prediction and verification to uncover truth – to torture the secrets out of nature should she prove resistant, as Francis Bacon so charmingly put it (Eisenberg, 1992). Nature was of course assumed to be feminine and passive, awaiting the gaze and penetration of the male scientist-adventurer. Europe's first universities were now well established, but the *Malleus Maleficarum* (hammer of the witches), the manual of the Inquisition in the Middle Ages, had ensured that women took no part in the cultural and scientific Renaissance, except as its artists' models - any woman who dared to 'cure' without having studied (from which they were banned) was to be declared a witch, and so the healing knowledges of midwives and others fell outside 'the academy' of the emerging male medical profession.

Despite being thus rendered motherless, when modern Western psychology was 'born' in Wundt's Leipzig laboratory in 1879, it claimed two 'parent' disciplines: philosophy, based on logic and reason as opposed to 'blind faith' or superstition, and science. With the new sciences of biology, physics and medicine kicking so many goals, it paid to line up in science's corner: Copernicus and

Galileo 2, Church Fathers 0. Science as defined by 17th Century positivists like Descartes and Comte decreed truth to be that which could not be doubted, knowledge that was certain, and the early empiricists advocated experimental, observational methods based on the systematic collection of evidence. But the early psychologists soon found that the mind was a difficult object to study, because its workings could not be readily observed. This led to a rejection of the mind in favour of observable behaviour as the proper subject matter for psychology, and even a widespread change of name from psychology to 'behavioural science'. Someone was heard to lament "modern science has lost its soul, and now psychology is losing its mind!" Or, as African American feminist poet Audre Lorde put it,

> *The white fathers told us: I think therefore I am. The Black mother within each of us - the poet - whispers in our dreams I feel, therefore I can be free (1984, p.38)*

The return of the repressed – making room for multiple belief systems in a multicultural society
Despite Freud's own anti-religious stance, the prominence of the psychoanalytic approach in the early 20th Century ensured a degree of exposure for Eastern spirituality. Zen Buddhism in particular attracted the interest of well-known psychoanalysts such as Fromm and Horney (Van Dusen, 1958), not to mention William James (1911/1924), himself an advocate of Buddhist mind training, who noted "compared to what we ought to be we are only half awake" (p. 237). But by and large, spirituality and religion were considered generally incompatible with science, and more specifically with psychology in its quest for scientific respectability, except as objects of scientific scrutiny (Jones, 1994). The rationalist empiricist roots of Western psychology influenced the attitude of many psychologists towards anything perceived as religious or quasi-religious. Many Western psychologists and psychiatrists considered that religious and spiritual beliefs indicated personal shortcomings and over-reliance upon external support, and similarly wary attitudes are not uncommon today (with some justification, given the rise of aggressive, anti-scientific fundamentalism within almost all faith traditions worldwide).

The grand narrative of the discipline's celebrated late nineteenth century infancy was interwoven with the triumphal march of industrialisation and colonisation. Psychology in Australia continues to be characterised by such discourses - it is difficult to identify a distinctive Australian psychology that reflects either the multicultural nature of post- World War 2 Australian society or the ancient and living culture of its Indigenous people. Of course, colonial,

ethnocentric and sexist legacies can be equally put forward as reasons not to embrace, or at least to critique the role of, religious traditions in psychology. When teaching developmental psychology, I had to turn to Aotearoa for a textbook that ventured beyond Western twentieth century conceptualisations of human development (like adolescence) to accord equal respect to Indigenous and multicultural theoretical accounts, traditions and childrearing practices (Bird & Drewery, 2004).

The discipline we have inherited addresses many of the questions that were first considered by philosophers in ancient Greece and Rome, and has adopted many of the methods of science that developed within the Judaeo-Christian and Islamic worlds.

In the past decade however, a number of interest groups have emerged within the Australian Psychological Society that implicitly or explicitly invite us to reflect on the diversity of our profession and the communities we serve, and on our responsibilities towards those communities. Spirituality and religion refuse to go away, perhaps because, like psychoanalysis, they offer to tackle the big questions (what's it all about, Alfie?) and to help us find meaning and value in life in ways that reductionist approaches can rarely manage (Hornstein, 1992).

Embracing cultural diversity and spiritual dimensions in psychology

Psychology's strong identification with the dominant Western culture and modernity is both a strength and a weakness. Psychological expertise is well accepted and its authority protected by firm processes of verification, accreditation and licensing/registration. But the world is changing rapidly, and in times

of global crisis and uncertainty, the human yearning for meaning beyond the mundane intensifies and demands recognition of multiple world views and systems of knowledge. Cultural traditions such as Buddhism and Islam are becoming better known and accepted in the Western world, while Indigenous peoples demand respect for their own systems of knowledge, usually incorporating spiritual beliefs and established healing practices. An increasing number of therapists and researchers are integrating Western and Eastern psychological systems into new models of service and understanding. Techniques and concepts that were once generally considered alternative to Western notions of mental health care (e.g., meditation) are increasingly viewed as complementary.

In 2011 the World Council for Psychotherapy's Sigmund Freud Award recognising the life work of individuals and groups who have made original contributions to the field of psychotherapy was awarded conjointly to Winthrop Professor Helen Milroy; Kamilaroi Elder Aunty Lorraine Peeters; and the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (NPY Project) represented by traditional healers (Ngangkari) Rupert Peters, Andy Tjilari and Ginger Toby. In a media release at the World Congress for Psychotherapy in Sydney in August, organising committee Chair Dr Anthony Korner described these distinguished award winners as representing 'a spectrum of Indigenous contributions across the country from the most ancient traditional forms of applied psycho-somatic therapy…, to the engagements with Indigenous trauma and healing relating to the 'Stolen Generations' and consequences of colonization…, to Western psycho-medical practice undertaken in a culturally appropriate approach…'.

So does embracing cultural diversity and spirituality mean uncritical acceptance of multiple realities and truth claims? And if not, do the same tests of evidence apply equally to all systems of meaning and their accompanying practices? There is not the space here for a comprehensive review of the literature on the therapeutic and health benefits of faith-based/spiritual or traditional cultural practices. There is a burgeoning literature on the subject that tends to support the protective influence of religious behaviours and beliefs in moderating the impact of adverse life events and promoting health and wellbeing (Bhui, King, Dein & O'Connor, 2008), but much of this literature is based in North America, and rarely acknowledges, beyond a passing 'side-effect' reference, the 'dark side' of religion and the ways that many religions marginalise some groups at great cost to their health. Christian churches have been at the forefront of anti-gay and lesbian movements, women's reproductive rights, harm minimisation approaches to HIV-AIDs efforts in poor countries - not to mention all the wars throughout history that have claimed 'God on my side'!

In the past decade however, a number of interest groups have emerged within the Australian Psychological Society that implicitly or explicitly invite us to reflect on the diversity of our profession and the communities we serve, and on our responsibilities towards those communities.

Often, stories and cultural representations of what is deemed spiritual are controlled by privileged groups, excluding or violating those with less social power (Rappaport, 1995), as has been the case of women in the Catholic Church and most organized religions (Mulvey, Gridley

& Gawith, 2001). Much the same can be said for what gets counted as 'scientific' within psychology. Echoing challenges to 'scientific' justifications for psychology's evidence claims that are far from new (e.g., John, 1984), Michelle Fine (2012, 3) again wonders how we seem to have forgotten to ask critical questions like 'Whose evidence counts? What kinds of evidence are being privileged? What are we not seeing?' in our rush to accept ever-narrowing notions of evidence-based practice in the face of irrefutable indicators of the 'gendered, raced, classed and sexualized collateral damage of economic and political crisis' (p.3).

Perhaps the problem is really fundamentalism itself, and any unquestioning adherence to whatever truths we build our lives around. Spirituality and science might not be so far apart after all. According to the Christian gospel, the apostle Thomas refused to believe reports that the recently crucified Jesus had risen from the dead and had appeared to some of his followers. Thomas insisted that 'seeing is believing' – he would not be convinced until he saw Jesus for himself, and could touch his wounds. Although he might not have passed the test of faith, 'Doubting Thomas' could be said to be the patron saint of empiricists!

Regardless of our personal beliefs and justifiable mistrust of fundamentalisms of any kind, spirituality and religion are aspects of culture that cannot be excised from a contextualized consideration of human experience and behaviour. Taking account of the philosophical and faith traditions that shape and give meaning to the lived experience of clients and communities serves to strengthen and broaden the cultural base for psychological practice. Psychological practice that can incorporate creativity, rituals, music,

ceremonies, and rites of passage will be much richer than a one-dimensional reliance on cognitive processes as instruments of healing and change.

…it is difficult to identify a distinctive Australian psychology that reflects either the multicultural nature of post- World War 2 Australian society or the ancient and living culture of its Indigenous people.

Several caveats emerge from the literature and research. These concern the dominance of Judaeo-Christian exoteric religious traditions and Greco-Roman philosophical canons in Western psychological science, the implicit and explicit values of the psychologist/practitioner, and the need to recognise the embeddedness of spirituality within cultural contexts (Islam in Indonesia looks very different from Islam in Sudan). Psychologists will need to keep reviewing their understandings of what does – or does not – belong under the umbrella of psychological science, and stay on guard against fundamentalism of any kind. An ongoing commitment to critical, reflective practice, a healthy degree of professional and paradigmatic humility, and continually contextualizing and grounding one's theoretical and spiritual frameworks in people's located, lived experiences can only serve to strengthen the credibility of our evidence base. We could do worse than begin with the words of Bertolt Brecht (Willett & Mannheim, 2000).

….. Is everything verifiable?
By experience? By which one? But above all
Always above all else: how does one act
If one believes what you say?
Above all: how does one act?
The Doubter.

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An Interview with Mark Davis

Dr Mark Davis is a psychiatrist based in Lower Hutt, Wellington. He is married with four adult children. Mark graduated from Otago Medical School in 1976 and completed his post graduate psychiatric training (in UK and NZ) in 1986.

He worked as a consultant psychiatrist to Hutt Hospital (1986-1995), Victoria University Health Service (1986), Te Omanga Hospice, Lower Hutt (1998-2003) and has been in full-time private practice since 1995. His current work is predominantly medico-legal assessments in the areas of chronic pain and post-injury (physical, sensitive claim) psychological disorder.

Mark is very interested in the area of professional education, health and well-being, and he wrote two chapters for the NZ D. H. A. S. book for doctors and health professionals, " In Sickness and in Health", 1998, 2nd Edition. He has been on the New Zealand Medical Council Education Committee, and was part of a health advisory group to the New Zealand Veterinary Association. He also has facilitated a number of "health and wellbeing" workshops and retreats for doctors, health practitioners and their partners

In a recent article you were described as "a psychiatrist with a special interest and training in psychotherapy". How did this interest come about?

The focus on the psycho-dynamics, and the deeper understanding of the person, which is inherent in the practice of psychotherapy, as always drawn me to psychotherapy. This was probably emerging in me before I ever thought of doing medicine. I had always been interested in the arts, music, and literature when at school. It seemed very easy, and important, for me to take that interest into the study of medicine, and then into psychiatry. With my interests, psychiatry seemed the natural speciality to engage with, even though I was always very interested in general practice, medicine and surgery. However, it was this understanding of human beings, and their responses to life and adversity including illness and injury, that deeply interested me.

I considered myself very fortunate in that the time I trained, which was in the mid-70s through to the mid-80s, there was so much encouragement for psychiatric trainees to explore psychotherapy. There were then many new therapies such as transactional analysis, gestalt, family therapy, bioenergetics etc. In addition, I was being formally trained in psychoanalytic and psychodynamic psychotherapy. In those days there seemed to be a more easy integration of the "*bio-psychosocial*" aspects of psychiatry. I also was blessed to have some very good, and influential, supervisors and mentors. I was privileged to have an opportunity to train in England where psychotherapeutic study was both possible and strongly supported. I worked at the Cassel Hospital in London which dealt with patients with severe neuroses and personality disorders. It was there I

was exposed to intensive small and large group therapy, as well as individual psychoanalysis.

As my career has unfolded here in NZ, the psychodynamic and psychotherapeutic aspects of my interests have developed even further, and become more integrated into my clinical and professional work.

Has your interest in psychotherapy changed the way you work with your clients?

The psychotherapeutic aspect has always been a fundamental component of my work as a psychiatrist. For me, psychotherapy, and also all medical and psychiatric work, is at its core, the process of understanding another person as fully and deeply as possible. That voyage of understanding is the essence of the psychodynamic and psychotherapeutic aspects of my work. It is also I think the essence of all good psychiatric and medical diagnostic and treatment assessment.

The other area where my interest in psychotherapy has informed my practice is in my realisation that the clinician must understand themselves more deeply, and that this involves personal therapy and supervision. This personal journey into a deeper understanding of me as a human being has deeply and profoundly informed my work with other people. It has also developed my empathy and interest in the personal and professional lives of my professional colleagues. As a result I have, over the past fifteen years, become increasingly involved in treating fellow health professionals, particularly doctors, and also providing educational opportunities for them to learn how to live more balanced lives. I am sure I would not have been doing this collegial work if

I had not been encouraged to do my own personal exploring.

This interest in the welfare of my medical and professional colleagues has led directly to my interest in Balint work.

You have been leading a Balint group of general practitioners for the last eight year. What is a Balint group and what is its purpose?

I started with two groups of general practitioners in the Greater Wellington Region in 2002. That group is now one and includes up to eight participants. The group has recently changed and we now have a physiotherapist, two psychotherapists, with the rest being GPs. These have been extremely stimulating and rewarding sessions, both for me and the participants, over the years.

We meet monthly for two hours, and individual cases are presented to the group. I am the group facilitator and so do not present cases.

The phrase *Balint Group* came from the work, after the Second World War, of Dr Michael Balint, a Hungarian psychoanalyst who spent most of his professional life in London. He and his wife Enid developed a group setting for general practitioners to develop their understanding of the psychological aspects of their patients, and also to develop the psychotherapeutic skills of the GPs in handling the psychodynamic aspects of their patients' issues. While the original Balint groups were for general practitioners, this has now expanded and there are many groups around the world where there are groups of medical specialists, groups of psychologists and psychotherapists, and mixed discipline groups.

The purpose of the Balint Group is to provide a reflective and respectful setting in which

clinicians can present their challenging patients/clients to a group of peers/ professional colleagues.

The Balint process is generally along the following lines; the case/issue is presented briefly, and the presenter is asked some clarifying questions, and then she/he "*pushes their chair back*" from the group, so that the members of the group can then engage with the case, and offer their thoughts, feelings and responses about the case to the group in a "*free-associative*" way.

It is important to note that Balint groups are not peer-review sessions; it is not an opportunity to make diagnoses, or give advice, or 'psychoanalyse' the presenter. It is an opportunity to think deeply about how the presenter may be being impacted/affected by their work with their client, and what it would be like to be that clinician in that situation; also, to consider what it would be like to be the patient/client in that relationship with that clinician; and also, what might be the nature of the relationship; and what might be the significance of the presenting problems.

The role of the leader is to guide the group to focus on the three key components – t*he client, the clinician and the clinician/client relationship*, and also the relevance of the presenting problem.

Towards the end of the group discussion, the presenter rejoins the group and continues to speculate on aspects of the case. Most case presentations and discussions are for 40 - 45 minutes.

The Balint Group is quite unique, and contrasts with traditional supervision, personal therapy and peer review processes. The opportunity to reflect deeply on feelings and impulses that are less revealed is perceived by participants as *very positive and freeing*.

Is there a connection between your interest in psychotherapy and your interest in Balint groups?

I think there are many things in common between psychotherapy and Balint work. Balint group work is at its core, a method of exploring the psychodynamics of the therapist/client relationship, with the added advantage of being able to use the rich resources of a group of therapists/clinicians who are also interested in such exploration.

What are the features of Balint groups that you consider to be most helpful to participants?

There are a number of helpful features. These include; the opportunity to regularly present cases to a like-minded group and the opportunity to reflect on them in this unique environment – the group aspect is particularly powerful and much valued by participants.

The number of people (often up to 8 or 9) allows a wide range of responses to the material presented. *"Many minds are richer than one or two"*. The method itself allows the presenter to be able to '*sit back and listen*' to the group responses that have been evoked by the material. This is quite unique and powerful.

The process also gives permission for the group participants to be *creative, open, honest, playful, free-associative, thoughtful, empathic and emotionally focused* in their responses to the material. This freedom to be authentic in emotional responses to clinical material is quite rare in professional life. The Balint process is about seeking for the truth or reality of a situation whilst acknowledging that there are many hypotheses, and there is *no right or wrong*. This is in itself very freeing for many clinicians.

A particular positive feature is the way the leader/s holds the *group rules and*

parameters.

This promotes a sense of containment and safety and freedom for the participants and so encourages an environment where there is no criticism, or sense of "*rights or wrongs*".

Balint participants often comment on the opportunity the group provides to learn more deeply about themselves through presenting their own cases, but also through listening to the responses of other group members.

Balint groups were originally set up for doctors – could they be usefully applied to other professional groups such as psychologists?

Yes – very much so! In fact this is occurring in New Zealand and throughout the world. I have been involved in a number of Balint Group training meetings where clinicians of many different backgrounds get together and present cases. The blending of different professional orientations fosters a particular group richness. Having doctors, psychotherapists, psychologists, and for example clergy, all in the same group is very powerful.

At its most basic level, the Balint Group can be seen as a method of exploring **any professional/client relationship** as long as there is a willingness in the participants to focus on and explore the dynamic and emotional aspects of the relationship, and be interested in how that might be affecting the professional work. Balint Groups do not always have to involve therapists - they can be used for exploring the relationships of lawyers and their clients, teachers and their students, supervisors and supervisees.

What are the most challenging aspects of leading a Balint group?

This depends on what stage the group is at. In the early stages, educating

the group into the Balint process and maintaining the frame and the parameters is important. This requires quite a lot of reminders and ongoing education – particularly reminding the group that it is not a personal therapy group, it is not group therapy in itself, it is not supervision or advice-giving as usually defined, but that it is something quite unique.

As a leader, increasingly I often struggle to avoid being drawn into the discussion of the case material, as if I was a participant.

Sometimes there are challenges in dealing with unfolding *group dynamics*, and realising that while the group is not a therapeutic group, it has its own inherent form and nature. I find it important to allow plenty of time for the group to talk about its own process, at times quite separate from the Balint work. This has been very helpful.

Sometimes members can get disgruntled with the group process and each other, and their frustration can lead to conflicts and sometimes unexpected and premature departures. This is part of any group process and needs to be faced, discussed and dealt with as best as possible. Comings and goings can be both exciting and disruptive events.

How would psychologists find out more about Balint groups in New Zealand?

Because Balint Groups are a relatively new phenomenon in New Zealand, there are only a few established so far. However there is increasing interest in various centres.

I am on the Balint Society of Australia and New Zealand Board, and am the only current accredited Balint Group leader and trainer of leaders in New Zealand. There are a number of similar colleagues in Australia. All

of us are willing to be approached for guidance as to setting-up groups and leadership training. In that regard we are very interested to receive any communication from those who are interested in the Balint process.

There are also useful websites concerning activities of Balint work in the United Kingdom, America and other countries including Australia and New Zealand. **Website details below**. The International Balint Federation holds a biennial international conference – next Heidelberg, Germany – Sep 2013.

I recommend people who are interested in exploring Balint work get in touch with me in the first instance. I might also recommend that people consider becoming members of the Balint Society of Australia and New Zealand and gain the advantages inherent in that.

A particularly effective and pleasant way to be introduced to Balint work is the yearly Balint Group Intensive held in different centres in Australia and New Zealand. The next one is Noosa, Queensland in October 18-21, 2012.

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References and links

International Balint Federation www.balintinternational.com

American Balint Society http//americanbalintsociety.org

Balint Society (UK) http//balint.co.uk

Balint Society of Australia and New Zealand www.balintaustralia.org

Despite Occasional Scandals, Science Can Police Itself

Michael Morgenstern for *The Chronicle*

By Alan Kraut

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Alan Kraut is the founding Executive Director of the Association for Psychological Science (APS), the international organization devoted solely to the interests of research and academic psychology and its contributions to the public interest. Kraut was APS's first employee and has taken APS from an initial membership of a few hundred to an organization that today has nearly 25,000 members, an international public affairs presence, four leading psychology journals (soon to be five), a premier convention, and a reputation as the most effective advocacy voice for behavioral science. Kraut has more than 30 years of experience as a researcher, science administrator, advocate and opinion leader, and he is well known and recognized in Washington for his effectiveness in shaping national policy.

Under Kraut's leadership, APS efforts created OppNet, a $120+ million basic behavioral science research initiative at the U.S. National Institutes of Health (NIH), a behavioral science directorate at the U.S. National Science Foundation, and the mission for the behavioral research office at NIH. APS has generated articles/stories/columns/blogs regularly featured in print and online at *Newsweek, Scientific American, New York Times, Wall St. Journal, Guardian, International Herald Tribune, The Economist*, and many more.

Kraut received his Ph.D. in Developmental Psychology from Syracuse University in 1977. From 1977-80, he was on the psychology faculty of Virginia Polytechnic Institute and State University in Blacksburg, VA. Before establishing APS, he directed various science and policy programmes at the American Psychological Association, including its first legislative office, all public affairs activities, its office of national policy studies and its directorate for science.

The public has always been fascinated with the scientific mind, including its corruption. So it is no surprise that the sordid case of the Dutch researcher Diederik Stapel grabbed headlines for a few days, including prominent articles in the *New York Times, Los Angeles Times, Chicago Tribune*, and this publication. The news stories came after the journal *Science* expressed concern about one of Stapel's published papers, which is under investigation for data tampering.

It is already clear that this one suspicious paper is just the tip of the iceberg. In fact, Stapel had been under fraud investigation for some weeks when the news articles broke. The investigation, by Tilburg University in the Netherlands, where Stapel was until recently a professor, could lead to the retraction of dozens of papers by the social psychologist published over a period of 10 or more years. Stapel outright lied to his colleagues, including many students, claiming he had data sets that could be used legitimately in experiments they worked on together. In fact such data never existed.

Stapel has owned up to his fraudulent acts and voluntarily relinquished his Ph.D. Before this is over, it is likely that dozens of papers by his guiltless students and colleagues will be withdrawn as well, and their Ph.D.s called into question. My organization, the Association for Psychological Science, represents the interests of scientific psychologists, and so is centrally involved in this issue. But the association is also directly affected: A few of Stapel's articles were published in our flagship journal, *Psychological Science*.

Such egregious cases are rare, and they are harmful to the scientific enterprise. But it's important that they be recognized as the aberrations they are. Science is not immune to lying and cheating, any more than are banking, medicine, or the law. It is also worth noting that Stapel was caught. True, he did get away with his intellectual crimes for far too long, embarrassingly so, but in the end it was the suspicions of his colleagues and students that exposed him. Scientific inquiry is guided by laboratory conventions and publishing rules that promote integrity and minimize the publication of false conclusions. This is equally true of all the sciences, just as it is true that

all the sciences have been vexed by scoundrels.

Science is not immune to lying and cheating, any more than are banking, medicine, or the law.

Is this system perfect? Not by a long shot, but what's important is that the system is constantly under scrutiny by scientists themselves, who use the tools of science to expose and correct its flaws. Most of these flaws and concerns are undramatic—not the stuff of headlines. For example, we just published one paper, and will soon be publishing another, that takes the field to task for some common but questionable research practices. The first, by scientists at the University of Pennsylvania and the University of California at Berkeley, demonstrates how some widely accepted methods for reporting and analyzing data can lead to an unacceptable rate of false positives, which are results that appear to be valid, but in fact are not. This paper explains how simple things—like not reporting all dependent variables or conditions, or changing the original number of research subjects during the course of an experiment, or ignoring results that seem oddly random or unrelated to any hypothesis—can artificially boost false positives.

The second paper actually demonstrates that these practices are used in the nation's most elite labs more commonly than has been previously acknowledged. The study, by scientists at Harvard, Carnegie Mellon, and MIT, uses a rigorous "truth serum" methodology to elicit the first honest look at how scientists typically conduct experiments—and it finds the system flawed. Indeed, fully a third of those scientists surveyed admitted to fudging their data using some of these practices.

These are unwanted conclusions—we as scientists would like to be more rigorous—but the crucial point is that they are evidence of science policing itself. And these scientists are offering up some simple, concrete, low-cost solutions to the broad problem. They would, for example, require scientists to stick with their original plans for data collection and to list all variables and conditions, even when they fail to yield significant results. Others have proposed public online data repositories, which would make all data transparent, including failed replications. In fact, we are now considering these solutions for our journals.

They [psychologists] seek to better understand human motivation, emotions, self-control, interactions of genes and environment, judgment, and decision making—so that we might lead happier, healthier, more productive lives.

The scientists who conducted these two time-consuming studies of scientific methodology took time away from their own research projects because they felt it was important to put laboratory science itself under the lens—with hopes of improving its integrity and value. That value, ultimately, is psychological science's payoff for the public. Psychological scientists do not work in isolation from the broader culture, squirreled away in a lab, asking arcane questions. They seek to better understand human motivation, emotions, self-control, interactions of genes and environment, judgment, and decision making—so that we might lead happier, healthier, more productive lives.
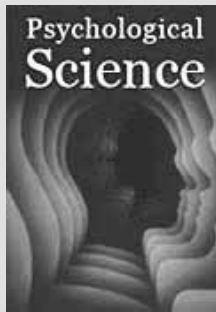
Illuminating these building blocks of human behavior affects everything from public health and disease prevention to financial choices, energy conservation, and even political and moral judgments. As a result of behavioral-science research, we now know better ways to teach our kids

mathematics and reading; clearer ways for physicians to explain health risks to the typical patient; and simple ways to motivate young adults to save for the future.

And if we want a fuller understanding of how the brain works in order to better treat Alzheimer's, schizophrenia, post-traumatic stress disorder, and other serious mental afflictions, we're going to need an equally full understanding of the basics behind thinking, learning, remembering, and other behavioral-science issues that are brain-related.

The above-mentioned studies of laboratory ethics, and proposals for change, are already being widely discussed in the field. They will most likely lead to self-examination, and then to improvements in the conduct of research—and ultimately to more truthful and helpful answers to the riddles of behavior. Notably, they will not catch the Diederik Stapels of the world red-handed. Those rare cases of blatant immorality must be rooted out and publicly exposed—as this case was, by vigilance within the field.

One on One - with Pablo Godoy

Our one on one contributor Pablo Godoy was randomly selected from our member database.

Pablo has post–graduate qualifications in both psychology and education. He has held a number of roles including working in youth justice, in the assessment and treatment of men who sexually abuse children, and in family therapy. These roles have been with CYFS Specialist Services Unit, Department of Corrections, and community-based programmes.

 Pablo is currently clinical leader with Relationships Aotearoa. His main role is the training, development, supervision, and support of clinical staff. He is also responsible for national programme development for youth offenders within residential settings, development of family therapy teams, and development of both psychoeducational and therapeutic groups.

One aspect of your role that you find really satisfying

My current role is so multi-faceted, and has many aspects that I find exciting so it's not so easy to identify one particular aspect over another. But, if I had to, then I really enjoy working in collaboration with others, and in particular facilitating a process of collaboration and tapping into staff's/team's particular strengths to gain a good outcome for our clients.

One event that changed the course of your career

I initially started off my career with CYFS in one of their Specialist Treatment Units, as an assistant psychologist. This was in conjunction with spending an equal amount of my time within a social work team in South Auckland. The events that shifted me from this path were in some ways influenced initially by a sense that working with victims was going to be an incredibly challenging role; a role that at the time felt beyond my emotional capacity to manage in light of all the pain and hurt that those lovely children had experienced. Secondly, an opportunity arose where Corrections were looking for therapists to work within one of the Special Treatment Units, Te Piriti, which focused on the treatment of men who had sexually abused children. I still felt a strong desire to work within a challenging field and at the time felt more prepared to work with offenders as opposed to victims. I conceptualised it at the time by focusing on the fact that reducing recidivism rates would inevitably reduce the number of victims, and therefore in some small part contribute to a more abuse-free society. It was here at Te Piriti that my love of group work evolved, as did the further development of sound clinical

decision making.

One alternative career path you might have chosen

I have always had a strong creative streak, and feel energised when there is an obstacle to be met, and potentially resolved and/ or managed. So truth be told, and it sounds a little corny, but I am inspired by teams of people working together to come up with new ideas in terms of product development.

One learning experience that made a big difference to you

My experiences working for Corrections at Te Piriti, and later in her sister unit Kia Marama where working with potentially complex clients in terms of risk and needs was part of the clinical landscape. The learning was how to hold risk and knowledge of how much damage these individuals had caused, and yet at the same time working with compassion and respect. It also taught me a fantastic self-care philosophy.

One book that you think all psychologists should read

Wow, this is probably the hardest question. At the risk of being seen as a fence sitter on this one…anything-anything that inspires you, or instills passion, or curiosity about human nature. A book that when you finish leaves you feeling more connected with your fellow man/woman.

One challenge that you think psychology faces

These next two questions can be seen as the two sides of the same coin. A challenge, I believe, is that psychology is, rightly so founded on a robust history of a synergy between science and practice. My concern however, is how close does psychology, for whatever reason, align itself towards a medical model. A model that fundamentally is driven by looking at degrees of misalignment as opposed to alignment. In other words dis-ease as opposed to ease, limitations as opposed to strengths. The cause and effect nature of a medical issue, allows for this focus to carry weight, because of the ability to observe physiological patterns and structures. The more you know the better the possibility of prediction. Yet with the human mind and patterns of behaviour, the variables are at times so vast and the dynamics between these variables potentially so complex that a cause and effect process is difficult to understand… and that's with just the concepts that we know about. So a challenge is how does psychology continue down a path of building on its knowledge base to support and develop practice without overly identifying with a structure that may work in the context of medicine, but maybe limited in the context of human thoughts, feelings, and behaviour?

One thing that psychology has achieved

In consideration of the aforementioned challenge. The achievement of psychology is about its ability to step outside itself and contemplate its position, its journey, and its ability to continue to seek new information, and therefore adjust accordingly.

One aspiration for New Zealand psychology

More training and opportunities to work with a client within their social system. No man is an island and no man's issue is in isolation from the system that he lives in.

One social justice issue psychology should focus on

The issue of abuse and violence within families, communities and society. How do we work collaboratively and safely with whole systems instead of compartmentalised pieces of work?

One big question

Was it the chicken or the egg?

One regret

When I was about 14 I didn't ask I girl I liked out, too shy.

One proud moment

Being part of the Canterbury earthquake psychological first aid response. Relationships Services (now known as Relationships Aotearoa) was approached by MSD in September 2010, and again in February 2011, to support Cantabrians during their time of need. I was fortunate enough to lead teams clinically in the great work that they undertook. To date Relationships Aotearoa, has provided support to approximately 14,000 clients for this piece of work. I was also fortunate in early March 2011 to help set in, and clinically manage, a multidisciplinary team of Māori kaimahi providing a similar service, but with a focus of being mobile and working within the whanau's whare, and within a framework of Kaupapa Māori. Māori service provision within the social services sector is now more able to pick this work up and we are currently handing this role back to the local Māori collective.

One thing you would change about psychology

It's not so much a point of change, but in support of an already initiated shift towards looking at a person's spiritual belief system, level of connectedness to, and the influences that these beliefs have within their lives. I chose the word "spirituality" simply because I feel that religion tends to overshadow spirituality, and that spirituality is what tends to bind humans closer as opposed to individual religious belief systems. For me it just helps to differentiate, as it helps to separate my preconceived ideas about a particular theological construct and that of the client's personal theology.

One piece of advice for aspiring psychologists
The best psychologists, therapist, counsellors, clinical psychologists that I have had the pleasure of working with, or observing, were in my mind not the best because they knew DSM back to front, or that their ability to use a practice model better than others… it was because they really understood the importance of engagement. All else, from a good assessment, to formulations, treatment plans, and the treatment process progressed towards a good outcome, I feel, because of the clinician's ability to genuinely connect on some level with their client. So balance clinical information/knowledge with a sound bedside manner. The work then will be so much easier for both you and the client…engagement, engagement,engagement!

I am grateful for those who have agreed to provide reviews for this bumper review section. We focus special attention this time around on two books by members. The first of these is the Society's own publication entitled *Psychology and the Law in Aotearoa New Zealand*. I couldn't keep my hands off this book and just had to give it a read. However, I have been able to source a second review from Assoc Professor Kate Diesfeld, a legal academic now with AUT. The second book, *Responsive Pedagogy: Engaging Restoratively with Challenging Behaviour*, is co-authored by our own Angus Macfarlane. In addition to this I have looked at the second edition of Judith Beck's *Cognitive Behavior Therapy: Basics and Beyond*, and a useful sourcebook of ethics. The other books reviewed here focus on treatment of adult sexual offenders, teaching students to think, life balance, and anger management.

Before we get started I need to acknowledge the ongoing support of Footprint Books, NSW, Australia (www.footprint.com.au) for providing the review copies of a number of the books presented here. Now, let's get this show on the road …
John Fitzgerald- Review Editor

Psychology and the Law in Aotearoa New Zealand

Reviewed by Kate Diesfeld, Associate Dean (Research), Te Piringa Faculty of Law, University of Waikato.

Congratulations to the editors of, and contributors to, *Psychology and the Law in Aotearoa New Zealand*. The editors acknowledge that health care practice increasingly requires inter-disciplinary knowledge. More specifically, they express the centrality of the law for psychologists practising in New Zealand. Psychologists across the spectrum of specialties, from educational to community and organisational psychology, increasingly need to abide by the law. In New Zealand, "Every consumer has the right to services provided that comply with *legal*, professional, ethics and other relevant standards" according to Right 4(2) of the Code of Health and Disability Services Consumers' Rights. To uphold the relevant legal standards, one must know the relevant legal standards.

The editors draw upon their vast, diverse experience to illuminate the legal context of practice in New Zealand. Professor Seymour of the University of Auckland is director of the clinical psychology programme and has a private practice that involves the family and criminal courts. Dr. Suzanne Blackwell was a consultant psychologist with the Justice Department for over two decades, is in private practice and an honorary research associate at the University of Auckland. Mr. John Thorburn practices on the Coromandel Peninsula, contributed to the Psychologists Board Core Competencies and has extensively assisted asylum seekers and refugees. Collectively, they have produced a fine addition to existing guidance for psychologists.

Psychology and the Law addresses a selection of topics, the majority authored by psychologists, to prepare their peers for participation in the legal arena.   The book's first portion provides general information for psychologists, regardless of their areas of practice. For example, Steve Osborne addresses psychologists' obligations and responsibilities while barrister Simon Jefferson explains the legal implications of privacy and privilege. Guidance on the conduct of expert witnesses is offered by Suzanne Blackwell.

Considerations for bicultural practice are analysed by three authors in "Māori, Psychology and the Law", providing guidance that is relevant for both domestically and foreign trained psychologists. Erana Cooper, Sharon Rickard and Waikaremoana Waitoki discuss the impact of the law on Māori, with an analysis of the historic and contemporary role of Te Tiriti o Waitangi/Treaty of Waitangi in practice.

Several chapters focus on courts of specific jurisdiction, e.g., Family Court and Youth Court. Others focus on assessment. For example, John Thorburn provides an overview of the law regarding compulsory assessment and treatment. Regarding competence, Eliza Lavelle and Suzanne Barker-Collo discuss neuropsychological assessment of people with acquired brain injury or disease which compromises their ability to make or communicate their decisions.

Criminal matters are examined in four chapters, with separate chapters devoted to offenders with mental impairments and with intellectual disabilities. Another chapter focuses on the unique needs of migrants and refugees. Legal issues that arise in the practice of organisational psychology and educational psychology are also discussed; the latter informatively

explains the policy context and specifies the relevant law.

Some chapters could have been compressed to avoid repetition. For example, issues of the accuracy and completeness of reports is relevant regardless of jurisdiction.

The text provides guidance for practice within a legal environment. It does not claim to contain legal guidance on all core legal issues that a practising psychologist may encounter. In contrast, a more traditional legal manual or guide to the law would include a Table of Cases and Table of Legislation. That approach was adopted by Professors Skegg and Paterson in *Medical Law in New Zealand* (2006), which is a comprehensive, scholarly companion to this book (although not specifically designed for psychologists).

Also, readers may seek additional, specific and detailed guidance on matters such as: reporting requirements under the Protected Disclosures Act 2000; consent (of minors and adults); access and disclosure of health information under the Health Information Privacy Code; and the relevance of human rights. Several of these dimensions were traversed in another fine compilation, produced by the same publishers and edited in 2007 by Ian Evans, Julia Rucklidge and Michael O'Driscoll entitled *Professional Practice of Psychology and Aotearoa New Zealand.*

Clearly expressed and logically structured, this volume is a tremendous resource for academics, students and practitioners of psychology. The twenty-four expert contributors offer current scholarship on a broad range of issues encountered by New Zealand psychologists. Significantly, the insights within *Psychology and the Law in Aotearoa New Zealand* transcend disciplinary

boundaries, offering guidance for bicultural practice that will greatly benefit educators and practitioners in many fields, particularly law.
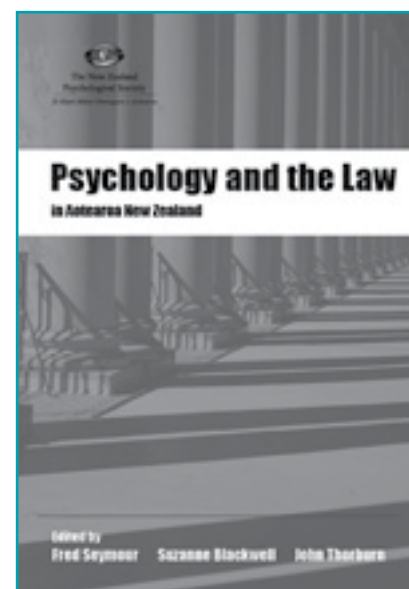
Reviewed by John Fitzgerald, The Psychology Centre, Hamilton.

The Society has added to its 'small stable of thoroughbreds' with the publication of *Psychology and the Law in Aotearoa New Zealand*. This is an important contribution to 'local' resources as there are few areas of psychological practice which are not touched by legal considerations, a point amply demonstrated by the scope of this text. Based on the chapters included the most significant areas of interface between psychology and law are clinical, correctional and forensic in nature. However, excellent chapters on the legal aspects of work within organisations and the education system, and working with refugees and migrants makes it clear that we have to cast the net wide.

The editors and authors are each expert in their field, and all write with authority and clarity on their chosen topic. It was a relief to find every chapter both engaging and

thought provoking. This book is not a catalogue of legislation and obligations, but a useful guide for applied psychology in New Zealand. Some of the chapters have practice guidelines appended, but all explore practice implications in one form or another. While not wishing to single out particular authors for praise … I am going to do just that. Dr Suzanne Blackwell deserves a special mention for authoring or co-authoring four of the 16 chapters, as well as co-editing the book.

This may not be a book that many would anticipate reading from cover-to-cover, although there would be little doubt about one's awareness of New Zealand legislation if this was cited on a continuing competence plan. The two chapters on working within the Family Court should be 'required reading' for all psychologists working with troubled families; the chapter on report writing for the Youth Court was full of very useful general tips; the chapter on reporting associated with convicted offenders had an interesting focus on assessing risk, and the risk of assessing risk … I found much to hold my attention and I do not even work in any of these areas. When you add in the introductory chapters on HPCAA and registration, health information, and Māori, Psychology and the Law, there is something for everyone and value to be gained from reading all 292 pages.

I have been trying to think if there is anything missing! Dawson & Peart (2003) edited a useful text entitled *The Law of Research: A Guide*, which made me wonder if a general chapter on legislative considerations associated with academic/scholarly endeavour could be added. Dawson & Peart's authors were all lawyers and much of their text relates to medical research, there is little mention of the legal aspects of psychological research. It

may have been useful to have a brief chapter on the topic in *Psychology and the Law in Aotearoa New Zealand*. The other general chapter that could have been interesting to include, although it may be outside the scope of the book, is a brief chapter on how to use the law, and rulings which establish precedence, as a vehicle for enhancing practice. The Privacy Commissioner, Health & Disability Commissioner, Health Practitioners Disciplinary Tribunal, and other agencies make findings and opinions available regarding breaches of various codes and laws. Some guidance or suggestions on how to use this material, and what we can learn from it, could have been a useful addition.

I have to admit that I had to work hard to identify possible additions to this excellent book, and to include them is nothing more than nit-picking. I thoroughly recommend this text – it is expertly authored and edited, accessible, comprehensive, very nicely presented, and New Zealand made.

Responsive Pedagogy: Engaging Restoratively with Challenging Behaviour.

Reviewed by Natasha Tassell, School of Psychology, Massey University.

Relationships are vital to living. Everyone, everywhere is affected by relationships, and in turn plays a part in affecting relationships. We can't escape them. So much of our time is invested in maintaining, repairing, manipulating, catering, sharing, caring, and breaking our associations with others, that a book like this is essential reading. Essential because *Responsive Pedagogy: Engaging Restoratively with Challenging Behaviour* is all about relationships. Prior to reading the book, my knowledge of restorative practice was admittedly limited, and I naively assumed restorative practices, namely restorative justice, were something practiced only within the criminal justice system - the focus being to make the offender aware of the harm they had caused to the victim. A good way to elicit guilt, and make sure the offender never committed the crime again, so I thought. The book does a fantastic job of educating the naïve reader. Restorative practices are not about crime, guilt, and wishful thinking about non-recidivism. They are about relationships.

Drawing together the expertise of educators and researchers, the book primarily discusses the theory and implementation of a range of restorative practices within educational settings. Emphasis is on the management of challenging and problematic behaviours, where the intent is to repair relations between offender and victim. Popular conceptions would usually see the term offender, at least in the educational context, referring to the problematic student, and victim

referring to the frustrated teacher! However, a noticeable feature of the book is the importance it places on not perceiving the student as the 'problem', and on the necessity for teacher 'buy-in' to restorative processes. 'Buy-in' is not just about a way of thinking, it is about a *way of being* as a teacher. And this is conveyed by all the authors, who express a strong sense of tenderness and caring, and a real need to make a difference in the lives of their students. Restorative practice isn't about laying blame or creating consequence. Rather, it is about teachers making a concerted effort to acknowledge misunderstandings, and model the behaviour they wish their students to exhibit.

A particularly appealing aspect of the book is the use of case studies to illustrate the effective implementation of restorative practices. The cases are compelling, and took me as the reader on a journey full of imagery reminiscent of my own college years. The private boarding school for girls I attended was rife with the range of problematic behaviours displayed by students highlighted in some of the cases! How effective a restorative practice such as the *restorative conversation* might have been were it implemented back then! Restorative practices would certainly have been useful in my college time, rather than the punitive approaches that were typically enlisted. The case studies relating to teacher-student interactions certainly highlight the quantum leap in thinking and action taken by teachers to care and nourish relations with students, with positively effective outcomes.

A heartening inclusion in the book is the implication that restorative practices could and should also be used to mend teacher-teacher associations. Workplaces can be breeding grounds for discontent,

rivalry, and bullying…much like the proverbial school playground! The book boasts a chapter dedicated to addressing the issue of workplace conflict. A case study illustrates the effective use of a *workplace conference* to deal with an issue between two teachers that had been festering for 10 years, and consequently infected a number of other teachers who were privy to the problems. After a decade of conflictual relations, the possibility of any amicable association being re-established seemed futile. While the workplace conference did not restore the relationship between the two teachers to one of outright rapture, it did allow acknowledgement of the hurt caused, and remedial action to be taken.

A final aspect of the book I found very encouraging was the strong emphasis placed on cultural sensitivity and appropriate application of restorative practices to diverse cultural settings. Being of Māori descent, I had an intuitive sense of the similarities between Māori epistemologies and the philosophies and values underpinning restorative approaches. In hindsight, the epiphany I experienced when reading the chapter on *Hui Whakatika*, and realising the basis for restorative approaches such as the *family group conference* are based on Māori whakaaro [thought], seems embarrassing. This chapter provides an informative overview of culturally appropriate processes for engaging restorative approaches with Māori, and the chapter immediately following provides a compelling case study of effective implementation with Māori whānau. It seems sensible to me that the cultural appropriateness of restorative approaches for Māori could and probably should translate to use with non-Māori cultural groups also.

As I read this book, I found myself reflecting many times on

the importance of maintaining and where relevant, restoring harmonious relationships. Such relationships, are by their very nature, mutually beneficial for all involved. Responsive pedagogy is about being a responsive teacher. To be responsive, one needs to be emotionally available and connected with students in such a way as to maintain harmonious relations. While the focus was on those working in education settings, this book is important and has relevance for the human services sectors and society as a whole. Engaging in restorative practice need not be restricted to those trying to manage challenging behaviours. Restorative practice provides a framework for all of us to manage our relationships in ways that promote mutual respect, tolerance, and cooperation – the very essence of harmony with others.
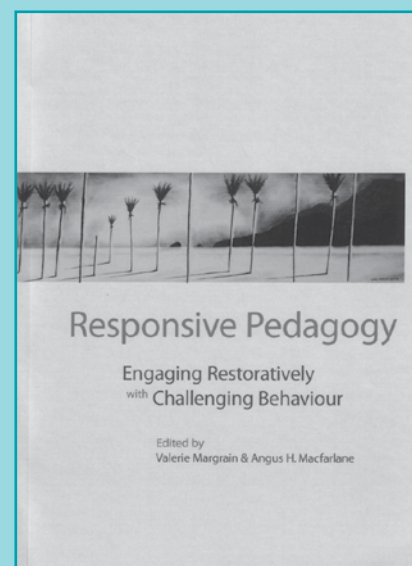
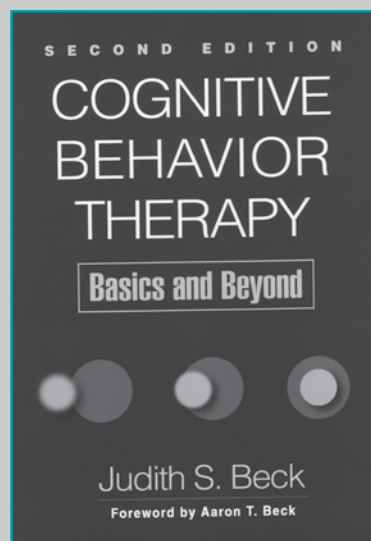Responsive pedagogy: Engaging restoratively with challenging behaviour.
Valerie Margrain & Angus MacFarlane (Eds) (2011)
Wellington, NZ: NCER Press. Pbk $44.95

Cognitive Behaviour Therapy : Basics and Beyond (2nd Edition)

Reviewed by John Fitzgerald, The Psychology Centre, Hamilton

For a number of years the first edition of this book has been a fixture at the top of my resource and reading lists when teaching and supervising clinical students, and introducing non-psychologists to the world of cognitive-behaviour therapy (CBT). Whilst the original edition of Judith Beck's book, published in 1995, remains a useful resource it should be replaced by this 2011 revision on most bookshelves. The updated edition has freshened up the citations, reorganised some of the material, introduced new material, and breaks down some of the chapters contained in the first edition into more logical and manageable chunks. The two new chapters provide an overview of treatment and a more thorough introduction to behavioural activation. There is also an additional chapter focusing on the evaluation session, although this contains some of the text from the 'first session' chapter in the original version. This latter reorganisation is one example of Beck's efforts to break CBT down for the novice therapist.

Three revised chapters merit specific attention because they address areas that often prove more difficult for those new to CBT. The first of these concentrates on the 'second session'. Undertaking a comprehensive assessment for any therapy is an exacting task. However, when dealing with clients who present with non-complex difficulties most practitioners can complete an assessment which is adequate to guide treatment planning without too much difficulty, the challenge is what to do next. The reorganised chapter entitled *Session 2 and Beyond: Structure and Format* (chapter 7) is very helpful in this regard. I also greatly appreciate the 'unpacking' of the chapters on the evaluation of automatic thoughts (chapter 11) and identifying and modifying core beliefs (chapter 14).

The appendix also contains some additional resources which were not there in the 1995 version. There is a specimen cognitive case write-up which provides a useful template for a cognitive oriented psychological report. The second resource is a copy of the cognitive therapy rating scale, which is a CBT competence rating scale.

In this second edition the author continues to make extensive use of hypothetical case transcripts to illustrate techniques and issues. While these are useful when considering the application of therapy techniques such as the 'pie' technique or the development of credit lists, they are particularly useful when exploring the identification, evaluation, and challenging of automatic thoughts.

The revisions to *Cognitive Behavior Therapy: Basics and Beyond* are worthwhile, and make an already excellent text that little bit better.

Cognitive Behavior Therapy: Basics and Beyond (2nd Edition)
Judith S. Beck (2011), NY: Guilford
Hbk $82.61
Review copy supplied by Footprint Books, Warriewood, NSW, Australia.
(www.footprint.com.au)

Contemporary Treatment of Adult Male Sex Offenders

Reviewed by Clare-Ann Fortune, Victoria University of Wellington

In this book Carich and Calder outline the key aspects of adult male sex offender treatment across eleven chapters. They first characterise adult sex offenders and discuss typologies. They then provide a brief review of sex offender treatment, including goals and components, key processes and treatment efficacy. The authors highlight the ways in which sex offender treatment might differ from non-sex offender treatment.

The authors provide a fairly detailed description on sex offender assessment including a framework and details on what to cover during an assessment with sex offenders, issues that assessors need to consider (e.g., engaging with the offender and resistance) and provide a range of practical strategies (e.g., how to reduce resistance). A series of shorter chapters then cover group work (chapter 3), the sexual assault cycle (chapter 4), cognitive restructuring approaches (chapter 5), developing victim empathy and remorse (chapter 6), arousal control via behavioural interventions (chapter 7), relapse prevention and intervention (chapter 8), social skills, life skills and interpersonal relationships

(chapter 9), after care programmes (chapter 10) and a final chapter (11) on risk, recovery and progress assessments. Each of these chapters provides a fairly thorough discussion of the topic. For example, in the chapter on sex offender group work they discuss the pros and cons of such work, various types of groups, goals of group work and practical aspects such as group rules, structure, processes, therapeutic issues and characteristics of effective groups. They end with a list of group therapy techniques to help guide those leading groups. The authors also guide the reader from the broad topic and gradually become more detailed: providing clear definitions and descriptions and detailing how each topic could be addressed in the therapeutic setting; for example, in the chapter on social skills, life skills and interpersonal relationships they define each of these at a general level then highlight their role in sex offender treatment before outlining basics social skills and suggestions for working with offenders to assist them in developing appropriate skills.

Carich and Calder have produced a book which provides a detailed overview of sex offender treatment. The authors emphasise the importance of establishing rapport when working with sex offenders including respect and empathy. There is some repetition of material (e.g., the points on page 22-23 about dissociation are directly repeated on page 108) and also the repetition of very similar ideas within the chapters rather than summarising the main points. In spite of that, and without being a manual, this book still manages to provide practical strategies, questions, and treatment approaches which clinicians will find helpful. This 2011 version is a reprint of the 2003 publication and the literature has not been updated. Those wanting the

most up to date literature will have to supplement this book with more recent peer reviewed publications.

For those new to the field of sex offender treatment this book could be a very useful resource. It could also act as a useful reference for those already working in the area who are looking to extend their tool kit in terms of questions they can use and approaches to various treatment components. This book would not be recommended to someone wanting an introductory read to sex offender treatment; it is for those with clear interest in the area and/or those who want a fairly thorough overview of the field. In conclusion, this book is not a scholarly critique of the sex offender treatment literature but will provide an overview of literature and is a practical resource for those working with sex offenders.
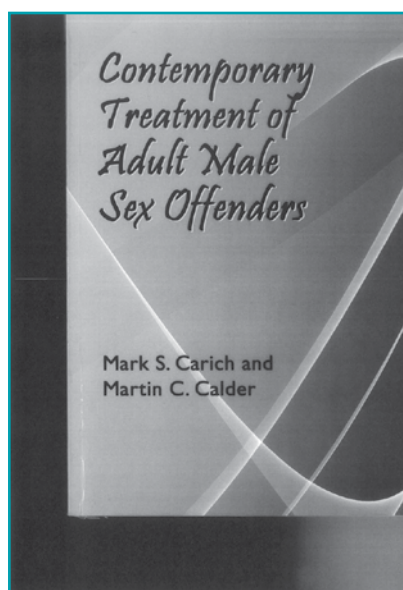
Contemporary Treatment of Adult Male Sex Offenders
Mark S. Carich & Martin C. Calder (2003, reprinted 2011),
Carmarthen, UK: Crown House Publishing.
Pbk $68.18 from Footprint Books

Ethics for Psychologists: A Casebook Approach

Reviewed by John Fitzgerald, The Psychology Centre, Hamilton.

The key document for psychologists working in New Zealand is our Code of Ethics. The thoughtful and diligent application of the Code to all aspects of our work provides a safety net for us and our clients, drives the practitioner to maintain competence, guides communication and liaison, etc. The Code is our basic framework for practice. However, despite the apparent simplicity of this perspective the reality of applying the Code to our activities is not such an easy task. It demands a high level of familiarity with the Code, and its application. We also need to understand how it is interpreted by others, and the ways that it can be misinterpreted. The complexities involved in the application of the Code are further compounded by both its aspirational nature, a positive benefit in maintaining currency in a changing society, but a 'moving target' when trying to make a decision. Given the challenge which is sometimes involved in identifying and responding to ethical issues, we need to consider seriously any assistance we are offered, and I am pleased to report that this text by Tien and colleagues offers some help.

This is an American text, based around the *American Psychological Association's 2002 Ethical Principles of Psychologists and Code of Conduct, 2010 Amendments*. The book is really not designed for use outside of America, although it does have it uses. For non-American readers it would have been useful to include a copy of the APA's Ethical Principles somewhere in the text, it is already 550 pages long so a few more pages would be of little consequence. The Ethical Principles are easily found and

downloaded over the internet. Armed with the Ethical Principles the reader can see that the text is organised to reflect the ten ethical standards, and the sub-divisions of each. Each sub-standard is illustrated by (a) a brief case presentation, (b) a summary of the issues of concern, (c) identification of the general principles and specific ethical standards from the APA's Ethical Principles, (d) consideration of relevant legal issues, (e) *cultural considerations*, (f) suggestions of ethical courses of action. Following this there is a section entitled *dictates of one's own conscience*, which lists a series of possible actions which may form part of an ethical response, and invites the reader to consider these as additional or alternative actions. Of particular interest is the cultural considerations section. This is divided into two areas, the first being a 'global discussion', the second an attempt to encapsulate current American moral values. Under the formed section the authors present ethical considerations based on the ethical principles held by psychologists working in other parts of the world, including New Zealand. So, after presenting the issue and possible responses from the APA's perspective the authors ask, "What actions would be considered 'ethical' if you were working under jurisdiction X?" In addition to New Zealand the range of alternative jurisdictions include Singapore, Spain, Canada, Britain, South Africa, Czech Republic, and Netherlands. It is fascinating to explore not only the different views taken by our American colleagues, but to see how ethical issues that could be presented here would be dealt with in a range of overseas settings.

There is one major problem, and it is not the first time that I have reviewed a recent book on professional ethics and encountered this issue … the authors use our old Code of Ethics.

Yes, despite the text being authored in 2012 they seem to be unaware that we revised out Code in 2002. This means that the New Zealand resolution of ethical issues which are offered in the text may be misleading, and that we have to wonder if similar mistakes have been made with respect to the Codes from other countries. This is a serious and unfortunate error which may not be a major problem for the mainly American readership, but does limit the value of the book here.

On the positive side the text contains a large number of very interesting ethical case examinations, some of which I have already used for teaching and discussion purposes. The format of the case study approach is well conceived, and although the legal considerations have little value in New Zealand they are interesting and would prompt a local reader to review what legislation may actually be relevant. As a sourcebook it is very useful, but it is seriously flawed as an authoritative guide.
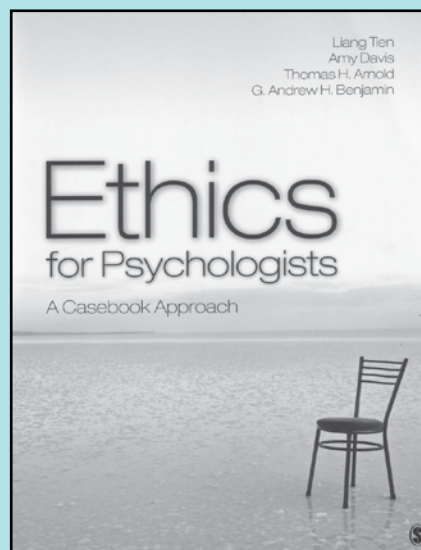
Ethics for Psychologists: A Casebook Approach.
Liang Tien, Amy Davis, Thomas Arnold, & G. Andrew Benjamin (2012) LA: Sage
Pbk $73.91 from Footprint Books

Teaching Students Thinking Skills and Strategies: A Framework for Cognitive Education in Inclusive Settings.

Reviewed by Michael Townsend, Massey University, Auckland.

To paraphrase the author, this book brings together the teaching of thinking with the concept of inclusion. Across seven chapters Howie discusses both why and how thinking can be enhanced for all learners, drawing extensively on major theorists and researchers in cognitive processing. Although the book inevitably concerns teachers' work with students, the inclusive ethos of the book has a message that extends well beyond the classroom to include parents, school administrators, community members, and education policy advisors. For example, readers might reflect on the possible tension between government policies that promote individual, personalised learning (each child is taught according to his or her learning needs), and other government policies that focus on the attainment of national standards and the resultant pecking order of 'good' schools.

The first three chapters lay the groundwork for the later discussions of programmes and strategies designed to achieve enhanced thinking for all learners. As an educator I found it a little tedious to begin the book (Chapter 1) with the fourteen reasons for teaching thinking (that children have a right to be taught thinking, that governments have a responsibility to teach thinking, etc), and the fifteen principles (Chapter 2) of teaching thinking (that all children can learn, that thinking needs to be linked to the curriculum, that schools should provide challenge, etc) but by the end of the book the purpose of these chapters became clear when it was

argued that to challenge the beliefs and attitudes that currently limit our school practices in the teaching of thinking we need to "give really good reasons to try". Chapter 3 presents a "Three-tier Model" for the teaching of thinking that provides the structure for the following three substantive chapters: teaching thinking for all, working with small groups, and working with individuals.

Each of the three substantive chapters presents a variety of approaches to teaching thinking at the level of the school or classroom, the level of small group settings, and the level of intervention with individual children who have unique needs. The approaches are generally well known, are well-grounded in theory and, in most cases, are supported by empirical classroom-based research. One theme dominates Howie's choice of approaches, an adherence to the socio-cultural theoretical view of Lev Vygotsky that thinking develops through social interaction in a cultural context. (The previous major thinking theorist who influenced teacher practices internationally, Jean Piaget, is not referenced in the book). Few teachers in New Zealand (or internationally) would be unaware of the significance of Vygotsky's ideas, but almost all readers would benefit from Howie's explanations of how these ideas have been translated into programmes to enhance thinking at the school/classroom, small group, or individual level. Only the programmes of one theorist, Feuerstein, are discussed across all three levels, reflecting Howie's long association with his ideas on instrumental enrichment. However, across the three chapters there are some twenty-four programmes discussed, each followed by an example from practice in a school setting. A nice feature is the grouping of programmes by

theme. For example, in presenting classroom-level programmes Howie groups programmes in terms of those with a strong theoretical base (e.g. Feuerstein's mediated learning, Sternberg's "triarchic theory of intelligence"), those which include creative thinking (e.g., Gardner's "multiple intelligences", Buzan's "mind mapping", and de Bono's "six hats" of thinking), those more 'infused' into regular classroom learning (e.g., Lipman's Philosophy for Children), and those which focus on emotions and motivation (e.g., Goleman's "emotional intelligence"). Ironically, but perhaps consistent with a book on thinking about thinking, Howie gives little critical analysis of the relative merits of the various practices presented. By omission, readers are left to work out what will work best for their children in their communities (school, classroom, cultural group, neighbourhood, etc). But the clear message is: give something a try.

In one sense, the voice of the author is lost amidst the reliance on the work of others and a tendency to report information rather than engage the reader. However, the book includes numerous references to Howie's research in New Zealand and the United Kingdom and clearly exudes a commitment to inclusion in children's learning, particularly in relation to culture, that will be welcomed by readers.
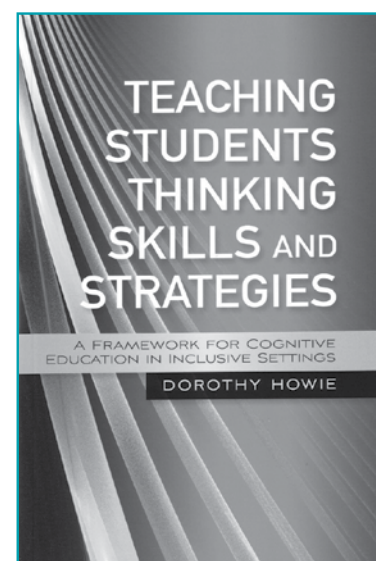
Teaching Students Thinking Skills and Strategies: A Framework for Cognitive Education in Inclusive Settings. Dorothy Howie (2011) Jessica Kingsley Publishers

When happiness is not enough: Balancing pleasure and achievement in your life.

Reviewed by Philippa Thomas, The Psychology Centre, Hamilton.

At the beginning of this book, Chris Skellett describes "for whom this book is written". OK, I thought, I can relate to these situations (no, I am not going to be any more specific than that). He invites us to stop and think about the choices that we make. And in that context I think that this book has something to offer people, particularly those who are at transition points and who are perhaps wondering if their lives could be more fulfilling in some way.

The author begins by defining what "happiness" is, that is, a complex blend of feelings of pleasure (which may

be momentary) with deeper (and possibly longer-lasting) feelings of satisfaction gained from achieving what matters to us. An excessive focus on pleasure, or achievement, may result in over-indulgence on the one hand, or a driven, pressured lifestyle on the other. His thesis, the Pleasure / Achievement Principle, is that we are more likely to lead fulfilled lives if we can establish a considered and healthy balance between these different facets of happiness.

This apparently simple dichotomy is discussed in depth in a range of common life contexts, including different phases of life, work and family, culture and society. As a first step Skellett invites us to consider the core values and beliefs guiding our behaviour, so that we can become more mindful of our inherent strengths and weaknesses. He does this through open-ended questions, short exercises, and stories and quotes which illustrate the points he's making, frequently noting that there's no one "right answer" but enabling us to decide what is best for ourselves. He provides ideas suggesting how we might make the changes we would like, and expands on these by outlining how we might bring our leisure time, work, and relationships with partners, family and friends into a better balance, depending upon our learned or natural tendencies to focus more on pleasure or on achievement. Then he applies the principle to a range of common clinical problems, considering those related primarily to a pleasure orientation (such as self-control issues related to alcohol consumption), and those related primarily to an achievement orientation (such as stress and anxiety stemming from excessive expectations of ourselves). Finally, he discusses how we might develop a personal plan (perhaps to increase achievement in one aspect of our lives and pleasure in another) with the aim of achieving "a life well lived".
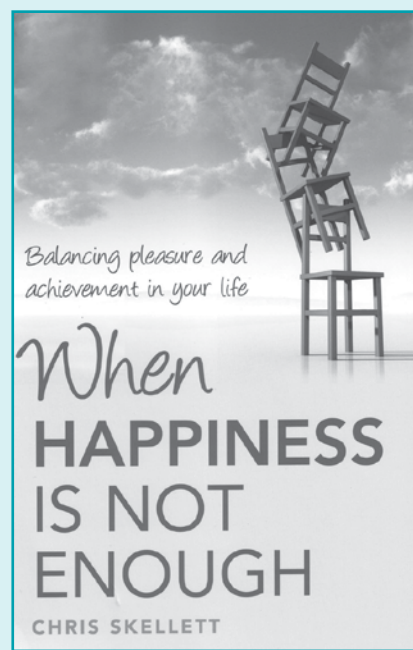
After reading this book, doing the exercises, and thinking about how it might be useful for people I know or have worked with, I concluded that it could be a good self-help book for people with life transition issues, or mild to moderate levels of problematic behaviours which they would like to change. It's very clearly written, and its psychological underpinnings are well explained (but not so much that it becomes confusing). What I am less sure about is its application to more complex clinical problems; I did note the author's caveats about this. The book may be helpful, in terms of the clarity of the principle enabling people to find a point at which to start to understand and change their behaviour, but I suspect that they would need more support than this book to carry through a consistent and effective alteration of long-established patterns of behaviour. A further regret is that, having been a parent of teenagers, I would have liked to see more than "happily, however, teenagers usually grow out of all this"; "this" being the oppositional "Misery / Failure Principle"!

However, my favourite quote ("did we win the ballet?") comes from the youngest person (Henry, aged 7) featured in the book. Great question Henry! I really enjoyed reading your story; let's hope that others do too.

When happiness is not enough: Balancing pleasure and achievement in your life.

Chris Skellett (2011)
Auckland: Exisle Publishing
Pbk A$29.99

The Anger Toolbox: Tools for children and teens, and for those caring for them, to get through angry times.

Reviewed by Toni Hyde & Angela Litterick-Biggs, MOE: Special Education.

The Anger Toolbox is a practical handbook for parents, families and whānau, caregivers, teachers and other adults working with children and teenagers. This user-friendly resource provides an excellent description of what anger is, the effect it has on the brain, and the impact that anger can have on behaviour for girls and boys, teens and adults. The toolbox provides a wide range of choices and ideas.

The Anger Toolbox gives helpful information in a clear, easily understood and practical way in which the content can be used in a variety of situations and environments. A wide range of positive anger management tools and strategies are

described along with a description of the angry behaviours that they target and includes some of the possible reasons and triggers behind angry behaviour.

The Toolbox explores and demystifies
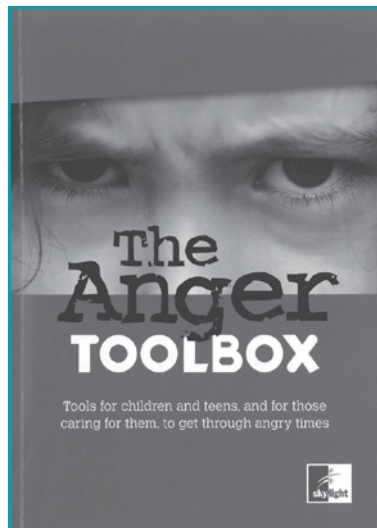
some common misconceptions around anger and alcohol, the effects of drugs on young people, what happens in our bodies when we get angry, how to manage tantrums, sibling rivalry and what to do after an anger outburst.

The Anger Toolbox would best be used in settings with those children, young people and families whose main issue is dealing with anger.

Adults are encouraged to engage in a self-reflection questionnaire by identifying their own anger triggers through answering questions related to how often they get angry, whether there are more likely times in the day they might be angry and the effects of food, alcohol and drugs on their behaviour. The book then provides a variety of possible solutions to reduce anger.

In the home environment parents and caregivers are encouraged to take leadership in teaching and promoting positive and supportive behaviours through positive communication, self-reflection and positive role-modelling to children and young people. Parents will find this resource to be parent-friendly and non-judgemental.

In the school environment this book could be a valuable resource as it promotes acceptance of the child or young person while shaping their behaviour. It also promotes best-practice in involving the child or young person and their family in the development of a supportive action plan to manage anger appropriately, making sure that the skills being taught are communicated clearly and agreed upon by all those involved in the plan. Teachers will find this resource to be practical and user-friendly. The layout of the book easily lends itself to being used in classrooms in 5-10 sessions. The layout lends itself to a format identifying an aspect of anger, describing the aspect then identifying practical solutions with further follow up being sought through the suggested websites and organisations. The use of key statements lends itself well to topic discussions.

Children and young people, at an age to read and understand the book will find this resource to be supportive of who they are, as well as being informative and helpful. The book offers realistic, practical do-able solutions to anger management.

In the wider community, practical information is provided about some of life challenges (such as drugs, and alcohol and bullying) that can impact on a child or young persons.

The nature of *The Anger Toolbox* complements other resources available through Skylight and other helping agencies. This resource is evidence-based and offers descriptions and contact information for key support agencies across the health and welfare sectors. This resource is also viewed as culturally appropriate within the Aotearoa New Zealand context and could have a valuable and "significant role to play in violence prevention in New Zealand by reaching into homes with non-threatening but very honest information and strategies for positive change." (Skylight, 2011)

Interpersonal Psychotherapy (IPT): Two day basics and beyond presented by Paul Rushton 2 & 3 July Auckland 5 & 6 July Wellington

Interpersonal Psychotherapy (IPT) is a semi-structured, time-limited therapy with demonstrated efficacy for a range of conditions including Depression and Bulimia. IPT was developed in the late 1970s as a brief structured psychological treatment for Depression. It later rose to prominence when it compared favourably to CBT and Medication in the NIMH Treatment of Depression study conducted in the mid 1980s. The efficacy of IPT as a treatment alternative or adjunct to other approaches has since been confirmed in numerous studies leading to IPT being included in government funded programs in Australia and the UK. Despite these developments, many practitioners within Australia and New Zealand have received little exposure to IPT education and training.
Please check the website for more information: www.psychology.org.nz/NZPsS_Prof_Dev

Editorial

Rosalind Case
Student Forum Editor

Welcome to the first issue of the *Psychology Aotearoa* Student Forum for 2012. I'd like to thank the outgoing editor, Isabelle Miclette, for her hard work and contribution to this forum over the past few years. And I guess I need to make something of a brief introduction myself: I'm a clinical psychologist and doctoral candidate in the School of Psychology at the University of Waikato. My current research is in the area of neuropsychology, but my interests are varied and that is part of what attracted me to this role – it's an opportunity to engage with such a diverse range of student research and theoretical approaches to psychology. Sometimes, when you're deep in the throes of study or practice, it can be difficult to remember that fields and perspectives outside one's own even exist. I've really enjoyed reading over this issue's student contributions for this reason, as they've reminded me about critical approaches to social psychology that I used to think were really important and then forgot about as I headed off

down a different pathway. This is a problem that lots of graduate students may face and it is via forums such as this that we can step back from our own work and take time to survey the wider scene of local psychological research. The two main contributions in this issue both highlight the important role that psychology plays in understanding human behaviour as it relates to matters of social justice, and I hope that student and non-student readers of this forum alike will find them engaging and thought-provoking.

Our first contribution discusses factors contributing to young people's engagement with environmental and social justice causes. James Richards is a doctoral candidate at the University of Auckland with a longstanding interest in understanding the variables that contribute to and enable youth participation in community activities and movements. In this piece, he examines the background of this research area and outlines his own approach to investigating the factors that assist students to engage with organisations promoting social causes.

Representation of the University of Auckland's Department of Psychology continues in this issue with an article by Nikhil Sengupta, also a doctoral candidate in the area of social psychology. Nikhil's interest in the legitimisation of injustice has led him to engage in research which examines how social justification theory can assist us in understanding human inaction in the face of inequality. He discusses this in light of recent global demonstrations against economic inequality, such as the 'occupy' movement.

Additionally, clinical psychologist and senior lecturer at AUT, Dr Jackie Feather, outlines the newly-developed counselling programme at AUT and

discusses counselling psychology as a career. Many students will be aware that the New Zealand Psychologists Board recently introduced a counselling psychology scope of practice. Dr Feather briefly describes the background of this new practice pathway and the country's only accredited postgraduate programme in this area. This may be important reading for students who are at a stage where they are considering in which direction to take their graduate study, particularly those who are interested in working with people to enhance wellness, but are not sure that clinical or ABA approaches best reflect their theoretical perspectives.

Finally, it is worth noting that, as I write this, the final stages of preparation for the NZPsS Annual Conference, titled *Tūtahitanga: Standing as One*, are underway. As you read this, however, it has been and gone. This year's conference is a special one in that it is a joint effort between the New Zealand Psychological Society and New Zealand College of Clinical Psychologists. I've no doubt, in advance, that it was a great success, with workshops and symposia stimulating a great deal of discussion amongst participants. I also have no doubt that the catering was discussed at length, as this is an important issue that has to be chewed over at every conference one attends and seems to act as a great ice-breaker for networking professionals ("did you enjoy the honeydew melon?" on day one and "I never want to see honeydew melon again" by day three). If you are a graduate student who has never submitted an abstract, the NZPsS is a great place to start; the annual conference always acts as an excellent forum for student research and recognises the importance of student contributions to the psychological research base.

Unfortunately, due to the timing of publication, we are not able to profile this year's student conference prize winners but would like to congratulate those students in advance and will be sure to note their achievements in our next issue.

In the meantime, I would like to invite all students involved in research to consider contributing an article for the upcoming November issue of *Psychology Aotearoa*. This could be in any of a variety of formats, including (but not limited to) a brief description of research in which you're currently engaged, a conversational discussion piece about issues related to student, professional or client experiences of psychology, or a theoretical/research-based article for peer review. The deadline for peer-reviewed pieces is 1st September 2012, with all other contributions due by 1st October. General guidelines for submission are available at http://www.psychology.org.nz/Psychology_Aotearoa; however, I'd encourage any interested students (or their supervisors) to please contact me to find out more regarding possible topics and submission guidelines. I can be contacted via email: rcase@waikato.ac.nz

Rosalind Case

New Zealand Youth and Social/Environment People to Engage with and Commit to Envir

James Richards

James Richards is a PhD candidate at the University of Auckland who has chosen to specialise in social and developmental psychology. James has a particular interest in the intersection between decision-making in public organisations and youth engagement in civic affairs; he hopes to contribute to the body of literature that examines the ways in which young people can be included in social processes in meaningful, pro-social ways.

Figures who have inspired James's worldview include Herbert Spencer, Charles Darwin, Viktor Frankl, Carl Sagan, Richard Dawkins, Marsha Linehan and Lewis Carroll.

Introduction

Rising awareness of environmental concerns, including such issues as global warming, air pollution and the depletion of natural resources, has led to fierce debates about the wisdom of many aspects of the contemporary 'first world' lifestyle. Some critics place the blame for increasing levels of environmental damage with consumerism in affluent countries, arguing that the ever-growing demand for disposable goods has resulted in significant ecological damage and pollution as a by-product of production and waste disposal (Worldwatch Institute, 2004); others take issue with the global economic system as a whole, adopting the view that pollution is an artefact of runaway capitalism, with the world's poorer nations being forced to carry the increasing burden of pollution for richer countries as the latter continue to outsource production (Schiffman, 2011).

In addition to macroeconomic explanations for our various environmental conundrums, others see the problems in terms of psychology and social behaviour (e.g. Vlek & Steg, 2007) or politics (Weale, 1992). It is not within the scope of this article to elaborate upon each individual perspective, but suffice it to say that (as is so often the case with complex issues), although each has its own merits, our understanding is heightened substantially when we consider how they work together in concert. An excellent example of an integrated theory of environmental sustainability was put forward by the green economist Molly Scott Cato (2009), wherein the formalised aspects of production (i.e. the economy) are situated inside the boundaries of social regulation (i.e. politics), which in turn is governed by social and cultural forces (i.e. society); although the relationships between each domain are complex and bi-directional, the framework presented by Scott Cato places the ultimate control over environmental issues with citizens, as it is society that provides the contextual backdrop in which political and economic structures operate.

al Responsibility: What Are the Factors that Influence Young onmental Sustainability and Social Justice Organisations?

If we accept the importance of social processes and beliefs as determinants of environmental outcomes, it follows that knowledge of what New Zealanders believe about their environment and how they relate to it would provide a means of assessing the degree to which issues of economic and ecological sustainability are taken seriously in New Zealand. Information from the latest iteration of the Lincoln University 'Public Perceptions of New Zealand's Environment' survey (Hughey, Kerr & Cullen, 2010) indicate that over 85% of the 610 respondents consider themselves to have 'adequate', 'good' or 'very good' knowledge of environmental issues, 51.2% agreed with the statement that New Zealand has an environment that is 'clean and green' and over

Negative stereotypes about youth are so deeply engrained in the thinking of adults that the presentation of positive information about young people is often dismissed outright, while negative information is focused on and magnified.

80% indicated that they had engaged environmental activities in the last 12 months (e.g. recycling, buying environmentally friendly products, composting, reducing freshwater usage, using buses or trains). From these results, can be inferred that knowledge of environmental issues is very much a part of the public consciousness and it appears that a reasonable number of New Zealanders are sceptical of the 'clean, green' image that the country often tries to present. Moreover, the survey suggests that a large number of New Zealanders make at least some conscious effort to behave in environmentally friendly ways.

It is interesting to note that, while the survey contains data analyses as a function of education and ethnicity, Hughey et al. (2010) did not run comparisons between different age groups. Given the self-evident truth of the statement that 'the youth of today are the adults of tomorrow', it is the beliefs and behaviours of young people towards sustainability that will determine whether the environmental movement will gain the social nourishment that it needs to take root and flourish into the future. It has to be said that any investigation of whether and how young people contribute to sustainability efforts cannot be a replica of research with older people, however, due to the fact that young people are often distanced from systems of social power and decision-making (Partridge, 2005; Camino & Zeldin, 2002). The legitimate pathways through which young people can become socially engaged are few, with a major avenue, at least in the United States, being service volunteering (Independent Sector, 1996). If New Zealand youth believe in the cause of environmental sustainability, do they follow the American trend and choose to make a difference through organisational volunteering? If so, what are the characteristics of successful sustainability organisations – those institutions that encourage young people to become involved with and commit to sustainability in the long term?

A counterpart to sustainability, social justice can be thought of as a situation in which social practices are oriented towards fair and equitable outcomes for all members of society (Zajda, Majhanovich & Rust, 2006), often with special emphasis placed on human rights (Mapp, 2008). Although the relationship between environmental sustainability and social justice is not always obvious, Dobson (1999) argues that there are three distinct areas of overlap between the two concepts: functional distribution, environmental justice and intergenerational distributive justice. In the first instance, it is recognised that those at the lower end of the socio-economic scale are often forced into the position of placing heavy demands on their local environment in order to generate enough income to survive; according to some theorists, part of the solution to the problem of environmental overburden, therefore, is a less extreme distribution of incomes between the rich and poor. In the second instance, Dobson reports that, because those at the higher end of the socio-economic are less likely to be exposed to overt environmental destruction, it is correspondingly less likely that those with the financial means to make a difference will become aware of the scope of the problem; if the consequences of environmental destruction were more evenly shared, it is argued, environmental action among those with wealth and influence would be more commonplace. The third instance, that of intergenerational distributive justice, is perhaps the most significant area of convergence for sustainability and social justice: by definition, environmental

sustainability aims to produce an economic-ecosystem interface that will maintain the environment whilst meeting the needs of the human population indefinitely; if we accept that social justice requires an equitable distribution of resources among all members of the human race, including those of future generations, then it follows that social justice mandates sustainable use of resources to ensure that we do not deprive those who come to follow us.

The legitimate pathways through which young people can become socially engaged are few, with a major avenue, at least in the United States, being service volunteering.

While Dobson (1999) alludes often to the connection between poverty of means and poverty of environment, it is important to note that the inability to influence one's surrounds in a positive ways is not merely a result of limited resources: it is also a function of limited political influence. For this reason, social justice requires the establishment of social systems that provide a forum in which the voices of marginalised, neglected and disempowered community groups can be heard. While not traditionally associated with marginalisation, there is a significant body of research to demonstrate that young people are, as a group, distanced from social power structures to such an extent that the only legitimate roles that they may assume in contemporary society include passive identity constructs such as 'consumer', 'athlete' and 'student' (Camino & Zeldin, 2002). Negative stereotypes about youth are so deeply engrained in the thinking of adults that the presentation of positive information about young people is often dismissed outright, while negative information is focused on and magnified (Gilliam & Bales,

2001). The net effect of the dim view that adults hold of younger people is a social policy that chooses to view youth as vulnerable (i.e. needing protection) or dangerous (i.e. needing to be controlled) (Partridge, 2005). Running counter to these points-of-view is a significant body of research to demonstrate that, when provided with adequate resources and guidance, young people are capable of making well-reasoned and equitable decisions about important issues, with positive outcomes for themselves and others (Partridge, 2005; Lakin & Mahoney, 2006; Camino and Zeldin, 2002; Stoneman, 2002; Oliver, Collin, Burns & Nicolas, 2006).

With respect to the New Zealand context, there is a lack of information regarding whether young people consider social justice to be an important issue. Moreover, there is little data on how, or indeed whether young people choose to become engaged with social justice organisations. Do youth who are interested in social justice become involved in voluntary work through social justice organisations? If so, what are the characteristics of successful social justice organisations – those institutions that encourage young people to become involved with and commit to social justice in the long term?

The Proposed Research

The study that I propose aims to examine the factors, both individual and organisational, that encourage young people to connect with and commit to sustainability and social justice organisations in New Zealand. Using the framework outlined by Scott Cato (2009), we will be conducting an exploratory investigation with one organisation operating within the political domain and another operating within the social domain. Due to the fact that sustainability

and social justice goals do not always overlap (Dobson, 1999), it cannot be assumed that the factors that influence the success of sustainability organisations will necessarily hold true for social justice organisations and vice versa; for this reason, we have elected to investigate one of each and to compare findings between groups.

The sustainability organisation that we will be approaching is Greens on Campus, a group that involves young people at the political level, with a focus on promoting environmental sustainability. The group has a presence on all of the major university campuses in New Zealand, including Auckland, Waikato, Victoria, Canterbury, Otago and Massey. It is hoped that we will be able to recruit approximately 50 young individuals from the Greens on Campus network to take part in our research.

The social justice organisation that we will be approaching is Rainbow Youth, an Auckland-based organisation that involves *young people* at the *social level*, with an emphasis on providing a safe space and positive social outcomes for youth with alternative sexual orientations. It is hoped that we will be able to recruit approximately 50 young individuals from Rainbow Youth to take part in our research.

Methodology

As an exploratory analysis, the study will use semi-structured interviews that incorporate both quantitative and qualitative tools in order to measure variables such as identity, personal values, moral beliefs, individual and group self-efficacy, perceptions of the organisation and commitment to sustainability/social justice.

In accordance with the theoretical framework of self and identity that was proposed by Erikson (1968) and the developmental contextualist perspective in which it was placed

by Adams and Marshall (cited in Schwartz, 2001), identity will be appraised in terms of differentiation (individual identity, personal uniqueness) and integration (group identity, sense of belonging). Personal values will be assessed by means of Q-sort statements and will be used as a means of verifying self-reported identity data due to the relationship between values and personal identity (Hitlin, 2003). Moral beliefs will not be assessed with a standardised measure, but rather will be measured by presenting a series of scenarios to participants and asking them whether each scenario constitutes a moral issue or a social convention and why; this is an important facet of the research as it can be used to determine whether there are significant differences in the moral thinking of sustainability and

…social justice requires the establishment of social systems that provide a forum in which the voices of marginalised, neglected and disempowered community groups can be heard.

social justice advocates. Self-efficacy will be measured using the abbreviated forms of the personal efficacy beliefs and collective efficacy beliefs scales used by Lam, Chen and Schaubroeck (2002). Perceptions of the organisation will be gauged with a tailored questionnaire consisting of Likert-scale and open-ended questions about organisational purpose, decision-making, communication strategies and degree of personal identification with the group. Finally, commitment to sustainability/social justice will be measured by self-report on a Likert scale and validated with a follow-up at one year after the interview.

It is hoped that the data gathered from this study will allow the construction of identity and value profiles for youth involved with sustainability and social justice organisations. Further, it is hoped that the data will permit an elaboration of the factors that promote engagement with and commitment to organisations that aim to promote a better world, both in terms of environmental welfare and positive outcomes for people.

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Where are the 99%?

Nikhil Sengupta

Nikhil Sengupta is a PhD student at the University of Auckland, studying social psychology. His research interests lie broadly in the area of prejudice, discrimination and intergroup relations. Specifically, he is interested in how social inequality is legitimised, with the long-term aim of uncovering mechanisms through which social change towards equality can be achieved.

Walking with a friend through Aotea Square one evening last October, we passed by a small patch of tent-covered grass. My friend rolled his eyes. "I just don't get the Occupy Auckland protestors," he said. "They don't seem to have a clear agenda." He had a point. The movement's Facebook page describes it rather vaguely, as "an on-going conversation" with the very general purpose "to disseminate opinions and truths." Besides, my friend argued, the Occupy movement had started in New York to protest the massive upward redistribution of wealth in the United States, resulting from three decades of Reaganomics. The same issues that motivated the American protests didn't apply here. We don't have the same levels of income inequality and corporate influence in politics.

The movement's leaders argue that, as the fourth most unequal country in the OECD, the distribution of wealth and power in New Zealand is not beyond reproach. Besides, showing solidarity with an international movement challenging the economic practices that led to the global financial meltdown could be considered a worthwhile cause in itself. However from my perspective, arguments over the appropriateness of the movement in the New Zealand context or the specificity of its agenda were less relevant than the fact that these people were out there - doing something unusual. They were challenging the status quo. But where were the rest of the 99%? Why weren't more of us, who do not belong to the elite group that controls nearly 20% of the country's economy, out there demanding a fairer distribution of our society's wealth?

One reason is that protesting is hard work. Leaving the comfort of your home to live in a tent for days on end, in a city notorious for its unpredictable weather, is a daunting prospect. Still, the protestors in Auckland had it relatively easy. The Occupy Oakland protestors had police batons, tear gas and pepper spray to contend with. The Arab Spring protestors are still dodging bullets. Beyond this material hardship however, challenging existing political and economic systems is hard work psychologically.

Over the last two decades, research on system justification theory, advanced by political psychologist John Jost and his colleagues (2002) has shown that people have strong motivation to rationalise and bolster the status quo, even in the face of objective systemic inequality. Indeed, system justification accrues many psychological benefits. Believing that the social and political systems we live under are fair and just helps fulfil our innate epistemic need for order and structure. It reduces the moral outrage and guilt experienced by the advantaged and alleviates the frustration of the disadvantaged when confronted with the reality of social injustice. Consequently, rationalising and enduring inequality is a much easier psychological endeavour than challenging it. As the American historian Howard Zinn (1968) noted:

> "Society's tendency is to maintain what has been. Rebellion is only an occasional reaction to suffering in human history; we have infinitely more instances of forbearance to exploitation, and submission to authority, than we have examples of revolt. Measure the number of peasant insurrections against the centuries of serfdom in Europe— the millennia of landlordism in the East; match the number of slave revolts in America with the record of those millions who went through their lifetimes of toil without outward protest. What we should be most concerned about is not some natural tendency towards violent uprising, but rather the inclination of people, faced with an overwhelming

environment, to submit to it." (pp. 16-17)

This is not a new insight. In 1776, the framers of the United States Declaration of Independence also acknowledged this tendency for supplication:

"… all experience hath shewn that mankind [sic] are more disposed to suffer, while evils are sufferable than to right themselves by abolishing the forms to which they are accustomed."

System justification theory goes further. It proposes that people don't just accept exploitative social relations in quiet resignation, but actively bolster and support the very systems that disadvantage them. It has been found that members of disadvantaged groups often express a preference for the status quo over more egalitarian alternatives, which would clearly benefit them. It has also been found that people use myriad ideologies and stereotypes to legitimise group-based differences in social status, defend the status quo in response to threats to it, and accept weak, pseudo-explanations for prevailing social inequality.

One way in which economic inequality, in particular, is rationalised is through the pervasive stereotype that the poor are happier than the rich. Research by Aaron Kay of Duke University (2003) found that subjects primed with the stereotype of a person who was either "poor but happy" or "rich but unhappy" showed much stronger system justification than subjects primed with a stereotype of someone who was "poor and unhappy" or "rich and happy." Subscribing to a belief in the compensatory benefits and disadvantages of wealth helps people justify the unequal distribution of resources in society.

In reality, however, as a recent study by Nobel Laureate Daniel Kahneman (2010) showed, income is positively associated with wellbeing. In the New Zealand context, a study by my supervisor Chris Sibley and myself on a large nationally representative sample of around 6500 also found that income predicted wellbeing and did so even at very high income levels (in excess of $100,000 a year). This is an uncomfortable reality to deal with. In the service of the system justification motive, it is much easier to believe that while a higher income might have come with benefits, it also has its drawbacks. In the words of rapper Notorious B.I.G., "Mo money, mo problems." These are the types of beliefs that keep the 99% at home — happy that they, in some way, have it better than the top 1%.

… system justification accrues many psychological benefits. Believing that the social and political systems we live under are fair and just helps fulfil our innate epistemic need for order and structure.

More worryingly, system justification theory suggests that the 99% probably believe the current economic system is even fairer than the 1% do. This argument is drawn from research on Leon Festinger's (1957) cognitive dissonance theory (as cited in Wickland & Brehm 1976), which has shown that those most deprived have the strongest motivation to rationalise their own suffering. For members of advantaged groups who benefit from the status quo, justifying the system does not elicit dissonance. However, the victims of systemic inequality experience conflict between their self- and group-interests and their need to justify a system that disadvantages them. System justification theory argues that this dissonance will be resolved in favour of the system.

If I find myself the victim of an unfair system, my need to believe the system is fair can be reconciled with the reality of inequality in one of two ways. I can stop justifying the system and acknowledge that my disadvantage has its roots in systemic unfairness. However, this leaves me in a rather hopeless position. After all, what could I as an individual possibly do to change the system? A more palatable alternative is to believe that the system is actually fair and that I am responsible for my disadvantaged social position. If only I work hard enough, the system will reward me. Consequently, those most disadvantaged by the status quo can sometimes become its most enthusiastic supporters.

There is mounting evidence that members of subordinate groups show higher levels of system justification than dominant-group members. In one study, Jost and his colleagues examined the system justification tendencies of various lower-status groups and found that in every case, individuals from these groups displayed stronger system-favouring attitudes relative to their higher-status counterparts. For example, African Americans and people on low incomes were more likely than others to support restrictions on the rights of citizens to criticise the government. They were also more likely to legitimise economic inequality as being necessary to foster motivation and effort. Similarly low-income Latinos showed stronger faith in the fairness of the United States' system of governance than high-income Latinos.

In New Zealand, my own PhD research has also provided evidence for enhanced system justification among the disadvantaged. I found that Asian and Pacific people believe that New Zealand's socio-political system is fairer than Pakeha do. Startlingly, they

hold an even stronger belief in the fairness of ethnic-group relations in New Zealand relative to their belief in the fairness of the overall system. This, despite the fact that Asian and Pacific people report higher levels of perceived discrimination than any other group and fare worse on a number of objective indicators of socioeconomic status. These findings suggest that the victims of systemic injustice are driven to justify the system more strongly than the advantaged, and especially those aspects of the system that are most relevant to their experience of disadvantage (in this case ethnic-group relations). The implication of this is that unequal systems will remain unchallenged, because those who have the largest stake in social change are also the ones most prone to justifying the status quo. Thus, they become complicit in their own subordination.

I found that Asian and Pacific people believe that New Zealand's socio-political system is fairer than Pakeha do.

There is hope, however. In my study, Māori were found to be lower on system justification than Pacific and Asian people and even lower than Pakeha. This is consistent with other research showing that Māori are an exception among disadvantaged groups. Studies by Chris Sibley and his colleagues (2009) have shown that unlike African Americans and Australian Aboriginals, Māori do not display an internalised sense of inferiority by implicitly expressing a preference towards the culture of the dominant group. This may be because of the high degree of symbolic biculturalism in New Zealand. For example, Māori is an official language, Māori culture is highly prevalent in national iconography, and the Treaty of Waitangi is widely considered to be the nation's foundational document. Further, it has been found Māori

identity is very closely tied to issues of historical injustice. It is possible that feeling included in the system and having a strong sense of group-based injustice can buffer subordinate groups against the tendency to bolster the systems disadvantage them.

In my study, Māori were found to be lower on system justification than Pacific and Asian people and even lower than Pakeha.

Research has only recently begun to uncover other factors that might also attenuate the system justification motivation. For example, it has been found that the more unstable and changeable a system is perceived to be, the less likely people are to justify it. The worst economic crisis since the great depression changed people's perceptions of the stability of the free-market system, making it easier for them to challenge it. This spawned the Occupy movement. Similarly, one uprising in Tunisia gave the oppressed masses in other Arab states hope that their dictatorial systems, too, could be overthrown. And the Arab Spring sprung.

Much work is still to be done. We know a lot more about how unequal systems are justified than about how they come to be challenged. One of the goals of my PhD is to better understand the circumstances under which the strong drive to justify the system, especially among the disadvantaged, can be subverted. I invite other scholars interested in social change to join in this endeavour. This will afford us a better understanding of how we, the 99%, can be motivated to recognise and challenge the inequality in our society.

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Counselling Psychology As A Career Path

Jackie Feather

Jackie Feather teaches counselling psychology at AUT University and maintains a small practice. She originally graduated with a BA(Hons) in Education and Anthropology from Otago University and a PGDip Counselling from the University of Auckland. Jackie worked in community agencies and statutory agencies for many years, and eventually completed her PhD DipClinPsych at Massey University. Her areas of interest include child trauma and abuse and therapy outcome research. Jackie is enjoying co-creating the new paradigm of counselling psychology in Aotearoa New Zealand with her colleagues and students at AUT.

Counselling psychology as a career path is a relatively new opportunity in Aotearoa New Zealand, although it is well established in other countries, including in Britain, USA, South Africa and Australia. The Institute of Counselling Psychology of the NZPsS was formed as a division in 1985, in recognition of members of the Society who had trained in counselling psychology overseas. More recently, counselling psychology has been established as a scope of practice by the New Zealand Psychologists Board. Training is available at AUT University, which offers an accredited programme comprising a Masters in Health Science and Postgraduate Diploma in Counselling Psychology.

Historically and philosophically, counselling psychology derives from a union between scientific models of human functioning and more humanistic and contextual views. Counselling psychologists are trained in therapeutic relationship skills as well as psychological assessment, diagnosis and intervention. While counselling psychologists class themselves as scientist-practitioners, many prefer the term "practitioner-scholar" as this recognises the importance of practice based evidence as well as evidence based practice. Frameworks for practice include phenomenological, developmental, systemic, prevention/educational, empowerment, cultural and ethical.

A hallmark of counselling psychology is that the discipline takes a contextual approach. This means that counselling psychologists endeavour to take account of the person/whanau/family's whole context, including their world views, cultural identity, social networks, and strengths, in order to collaboratively develop an intervention that will work best to resolve their issues. AUT's counselling psychology programme provides an overview of a range of therapeutic approaches, with foundation training in CBT and narrative therapy. In common with other scopes, case formulation is a crucial part of the training and at the heart of the work. A comprehensive assessment leads to an ever-evolving formulation that informs the therapeutic approach and specific interventions, targeted to agreed goals for therapy. For counselling psychologists, the formulation is explicitly multi-perspective, including relevant contextual elements as well as psychological.

Research is an important part of the training and work of counselling psychologists. The training includes an Honour's dissertation and a Master's practice research project, with a focus on areas applicable to counselling psychology. Projects have included qualitative studies on psychologists' use of mindfulness in their practice, therapists' experiences of working in an eating disorders service, and evaluation of the introduction of stepped care into secondary mental health services, to name a few. This research focus is extended into work settings; for example, in guiding the selection of therapeutic interventions; monitoring therapy progress and outcome using both quantitative and qualitative methods; as well as in support of broader areas of practice such as health prevention and promotion.

Counselling psychologists work across the spectrum from everyday adjustment difficulties, to existential crises, through to severe mental health problems. Work settings may include NGOs, community agencies, rehabilitation, health, education,

care and protection, youth justice, addiction and mental health services. Interns and graduates from AUT's counselling psychology programme are working with a diversity of presenting issues including eating disorders, drugs and alcohol, gambling, child and adolescent mental health, youth behaviour/family therapy, relationship issues, physical health concerns and palliative care. In summary, counselling psychologists work collaboratively with children and families, adults, groups, organisations and communities to assist people to adjust to life's demands and developmental challenges and to facilitate opportunities for living full and productive lives.

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