The New Zealand
Psychological Society
Te Rōpū Mātai Hinengaro o Aotearoa

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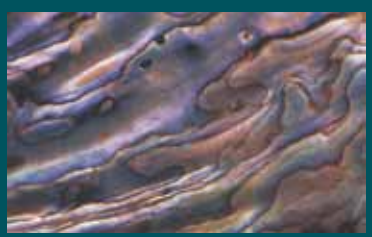


Kia ora and welcome to *Psychology Aotearoa* the official twice yearly publication of the New Zealand Psychological Society. *Psychology Aotearoa* aims to inform members about current practice issues, discuss social and political issues of importance to psychologists, celebrate the achievements of members,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

Being part of *Psychology Aotearoa*

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

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

The New Zealand
Psychological Society

Te Rōpū Mātai Hinengaro o Aotearoa

The New Zealand Psychological Society is the premier professional association for psychologists in Aotearoa New Zealand. Established as a stand-alone incorporated society in 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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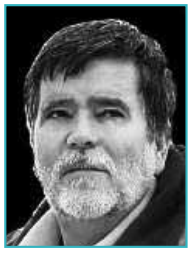
President's Korero—Peter Coleman



Although some might choose to debate it, the scientist-practitioner model of practice is at the heart of professional psychology. The feature which most clearly distinguishes psychology from a pseudoscience is the ability to self-reflect, self-evaluate and importantly, self-correct. Not surprisingly self-reflection is the central element of professional supervision and to our continuing competence as practitioners. This self-correction cycle is ultimately what distinguishes a healthy and progressive from a moribund or dormant profession.

Psychological knowledge and interventions evolve from daily casework as much as they do from laboratory and university-sponsored investigations. We should regard research as a normal part of our day-to-day work, not something external to it. Formative research in particular is not something which practitioners should feel a need to seek permission to do, beyond obtaining the necessary approval from an accredited ethics committee. However in New Zealand only that research which has a health or disability focus will be accepted for ethical review by the existing Heath and Disability Ethics Committees. (University staff members and students have of course access to their own ethics committees). The Society has been active (for example through representation to the Ministers and Ministries of Education and Health, the review of the Health Practitioners Competency and Assurance Act, the Royal Society and having a representative on an embryonic Dunedin-based human ethics committee) in endeavouring to get access to a human research ethics committee for the approximately 50% of its members who do not currently have this.

There is quite a leap from accepting international research and 'evidence based' interventions to adapting these locally and generating the practical evidence for the effectiveness of our day-to-day work. Whilst a key component of research is gathering data about the fidelity of the implementation from the original model, another is observing and evaluating the effectiveness of any natural variations which might arise. Perhaps heretically, allowing for adaptation, variation and innovation in professional practice and evaluating this, provides a mechanism for the development of the science. Just as we need to know the effectiveness of our own interventions, governments need to evaluate the outcomes of their economic, social and health policies. We should be a natural part of this, thus assisting in the completion of the professional practice → evaluation → policy → evaluation cycle. The real world is of course very complex and there are many intervening and multi-causal variables to psychological and social problems. It is the duty of science (i.e. of us) through research to unravel the causal connections between all of these. We would indeed welcome the day when politicians and ministry officials routinely attend health and social science conferences in order to hear about innovative practices which can be incorporated into policy, in addition to attending to deliver an opening address or a position and policy paper.

The Society has been active in making formal submissions to Ministerial and Ministry Reviews and Select Committees on a variety of social issues in the past two years, for example on vulnerable children, Family Court reforms, youth initiatives, child poverty, definition of marriage, social security, mental health and addiction, General Practice education, criminal justice, child witnesses and alcohol reform. We have been guided by Principle 4 of our Code of Ethics which in part mandates us as follows:

(4.1.3) "Psychologists have a responsibility to speak out, in a manner consistent with the four principles of this Code, when they possess expert knowledge that bears on important societal issues being studied or discussed" and

(4.3.5) "[Psychologists] participate in the process of critical evaluation of the discipline's place in society and in the development of and implementation of structures and procedures that help the discipline to contribute to beneficial societal functioning and change".

Following the global financial crisis, governments around the world have been keen to cut expenditure and improve on public service 'efficiencies', but have been rather less keen on raising taxes. In the short-term this will assuredly result in increased socio-economic inequalities – the role of poverty as a 'driver' to many social and psychological problems was the theme of the last *Korero* – and an appeal for the increased operation of market forces within the public sector. There are already examples of such changes in New Zealand in the health and education sectors, for example the trend towards blurring the boundaries between the professions which perhaps oddly, is accompanied by a tightening of the functional scopes of practice of some psychologists within the public sector and of their accountability for achieving governmental goals.

Practitioners need to become more active in determining

the shape of their future career – appealing to self-interest if you will, particularly amongst our younger members – otherwise there is a serious risk that political and government funding decisions will determine the shape of our profession for us. In doing so we will be supporting our clients who need well-trained and competent professionals to deliver the services which they need. The Society has again been active on these issues, for example making submissions on the review of the Health Practitioners Competency and Assurance Act, health workforce development, post-graduate and student allowances and through on-going engagement with Health Workforce New Zealand. We have recently co-opted a student representative onto the Executive in order to give voice to the concerns of our younger and future Society members. The Society is no more and no less than its membership and there is therefore a need for all of us to be more energetic in engaging in these processes and in supporting each other to create a better professional future.

Editorial

Tēnā koutou colleagues,

Welcome to the first issue of *Psychology Aotearoa* in 2013. As with previous issues, this issue contains a diverse and interesting range of topics. One feature of *Psychology Aotearoa* which has elicited very favourable comments from several people is the diversity of issues which are covered and its scope, which includes research summaries, practitioner reflections, observations on topical issues, and commentaries from various people on all sorts of topics. This diversity is seen as a major strength, and I would like to take this opportunity to express my strong appreciation to co-editor Pam Hyde, executive director of the NZPsS, who once again has worked extremely hard and efficiently to ensure that *Psychology Aotearoa* covers a broad spectrum of topics. Well done, Pam!

In this issue, there are several features which are of considerable interest. Here I will highlight just a few. Former NZPsS president Ray Nairn's commentary on the Australian Psychological Society's endeavours to address cultural disparities offers a thought-provoking and informative reflection on an issue which is very salient to us also. Aaron Jarden provides an overview of a major project on the well-being of New Zealanders. Results from this on-going research will be of considerable interest to researchers and practitioners alike. Hannah Merdian offers her reflections on a relatively new (and expanding) area – e-professionalism – discussing how professionals are beginning to use social networking and media sites as part of their regular professional practice. There is no doubt that the nature of professional practice has changed markedly in recent times, and will continue to utilize electronic forms of communication. Perhaps the days of the mailed letter and hard copy reading are coming to an end?

One new feature in this issue is that we asked each of the NZPsS Institutes to write a short piece discussing 'issues of interest' in their area of practice. Two such reflections are published here – one by Rajan Gupta on the development of criminal justice/forensic psychology and the second by Rose Black and her colleagues on the practice of community psychology. These articles provide valuable insights into these areas and the challenges which confront professionals in these disciplines.

As we have been doing in recent issues, we also include abstracts of research theses conducted by clinical psychology students, this time from Massey University. We also have a summary of another major research project being conducted in Aotearoa New Zealand by researchers at AUT and Waikato Universities. The focus of this research is on traumatic brain injury and its consequences for people's everyday functioning. Nicola Starkey at Waikato University has written an informative and interesting summary of this research.

Student Forum features an interesting range of articles on bicultural bereavement, the Indigenous Psychologies conference and student views and opinions. Thanks to Rosalind Case for her excellent work.

I would like to thank all those who have contributed items to this issue of *Psychology Aotearoa* and I encourage you to continue sending your contributions. In addition, if you have any feedback on the content or the format of *Psychology Aotearoa*, please do not hesitate to contact us. As always, special thanks to Pam Hyde and her team, particularly Heike Albrecht who formats *Psychology Aotearoa* for compiling this issue.

Ngā mihi nui,

Michael O'Driscoll
Co-Editor (m.odriscoll@waikato.ac.nz)

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 2013 Life Members listed below were invited to write about their journey in psychology and we feature the contributions which were gratefully received

Rosie Musters
Liz Painter
Alison Towns

Rosemary Musters

I was surprised, but delightfully so, to hear that I had been a member of NZPsS for 30 years – is it really so long ago that I was living in Dunedin and undertaking my post-grad studies at Otago University? Yet, when I look back on my career as a psychologist, this fledgling found her wings fairly quickly and by mid-1980 was running a successful practice in Nelson – albeit part-time, as I was also employed at various times by Nelson Polytechnic and by the Special Education Service.

Education has never been far from my mind as I had earlier trained as a P.E. teacher and it was this qualification that, in 1976, brought me from England to a 3-year post at Otago University School of Physical Education. Rather than return to England at the conclusion of the contract and continue my teaching career, new doors were opening and I had the wonderful opportunity to join the educational psychology programme – besides which I had also fallen in love with New Zealand! On completing my Master's degree, alongside two years of Gestalt training, I made a very brief foray into a PhD programme and I quickly realised that my true calling was not academia but with hands-on work with individuals. My skills as an educator were becoming refined and honed as an enabler.

My move from Dunedin to Nelson was a case of wanderlust rather than the pursuit of a particular job. I had flown the length and breadth of the country in a small aircraft and Nelson seemed to be somewhere in the middle and with an ideal climate – so I have been here ever since. For the past 15 years, I have been privileged to be part of a group practice, Psych Associates, but sadly last year, we disbanded as a group as several members moved away from Nelson. I have valued greatly the support of these colleagues and am thankful that two of us still maintain rooms adjacent to one another.

Now in my mid-60s I'm enjoying working part-time - it is becoming increasingly important to maintain a sense of balance in life. I value being able to choose the kind of work to undertake – from every-day issues through to longer-term work with trauma survivors, or confused teenagers through to highly charged workplace disputes. I remain excited by the seemingly endless developments in therapeutic approaches and techniques and I have found the most valuable training to be Eye Movement Desensitization and Reprocessing (EMDR), particularly for trauma work, and more recently, Developmental Needs Meeting Strategy (DNMS), an ego state therapy for healing childhood wounds.

When not wearing my psychologist's hat, I can be found out on the water with fishing rod in hand, or up in the air as navigator for our local Coastguard Air Patrol Unit. Psychology is a wonderfully enriching field as it brings me into contact with some remarkable people and challenges me to practice what I preach - integrating the art of mindfulness into my personal life is a promise I intend to keep.

Liz Painter

Just over 30 years ago in 1980 I came to NZ for what I thought would be a 6 month visit. I had qualified as a clinical psychologist in London, worked for a couple of years and was ready for a change. I accepted a position at Mangere Hospital in Auckland working in the Early Intervention Team for babies and pre-schoolers newly diagnosed with developmental disabilities. It was a dream job visiting families in their homes and running groups providing counselling and developmental therapy alongside an enthusiastic bunch of colleagues. It was a great way to learn my way around Auckland and see the Kiwi way of life. It was 5 years before I returned to the UK but it didn't take long for me to come back. Two long, cold sunless winters in London with a baby in tow and another on the way convinced me NZ was the place to live.

I had started the first of three psychology degrees in 1972 having changed from a stint of physiotherapy. I really had no idea what psychology was except for a chance experience. A holiday job working as a nurse aide in a "Subnormality" Hospital influenced this career move. I had assisted a psychologist using the Stanford Binet to assess

young children to see if they were eligible to be educated and go to school. (How times have changed). I was hooked.

For the past 25 years, I have been with the NZ Heart/ Lung Transplant and Cardiac Services at Green Lane and Auckland City Hospital. I have also worked in and supervised psychologists in a wide range of physical health services. I have been a lecturer at the (then) Auckland College of Education and Auckland Medical School. I have co-authored research articles and been an invited speaker and delegate at many local, national and international conferences allowing me to travel all around the world. I was Professional Leader at ADHB for psychologists working in physical health and for a brief few halcyon years had the opportunity to establish new positions for psychologists. I maintain a small private practice which has helped pay for my three children's extracurricular activities and university expenses.

Now I have time to reflect on my professional career. I realise that I have worked on the fringe of mainstream clinical psychology, attracted to newly developing clinical areas. I shudder to think about the lack of clinically proven effective interventions in these areas and how most of the time I just winged it. I do not envy my younger colleagues dealing with all the politics, protocols, and policies but I wish I had started with their knowledge base.

How have I survived? Essentials - A sense of humour, supportive family, wonderful dedicated colleagues and my ability to go with the flow. Many times I've felt a fraud, not "doing" proper psychological interventions and been psychologically alone in medical teams. But I have had the privilege of meeting so many interesting clients, patients and their families from whom I have learnt so much and hopefully made a difference in their lives. They have been truly inspirational.

Dr Alison Towns

My interest in clinical psychology, gender and power began following completion of my undergraduate degree in psychology at the University of Auckland. I worked as a "matron's assistant" at Christchurch's Kingslea Home for Disturbed and Delinquent girls. I was twenty years old and with far less life experience than the young women with whom I was working. I remember my outrage when I was informed by a Youthline trainer that revelations of sexual abuse were to be treated as fantasies.

After four years in Canada, where I worked with autistic children in a specialised school and completed some post-graduate psychology papers I returned to New Zealand having been accepted into the Auckland University's Diploma of Clinical Psychology programme. There I made some great friends, including the late Nancy Stone and the late Sue Treanor, Andrew Raven, Peter Adams and Fiona Howard. My Masters degree involved research at Mangere Psychopaedic Hospital where I met the wonderful Liz Painter, a clinical psychologist from the United Kingdom, who offered refreshing alternatives to the aversive behaviour therapy used.

My clinical career began in the early 1980s as a sole clinical psychologist in an acute ward of Carrington Hospital where I was first employed as an intern and then as a clinical psychologist. For the first few months I wondered what had struck me, but received some excellent support, supervision and training, from clinical psychologists such as Ruth Jackson, Biddy Mintoft, Sue Fitchett, and Jolyan Allen.

A desire for more intellectual stimulation (while raising two delightful little girls) and for more knowledge of institutional power, gender, family systems, and discourses led me back to the University of Auckland where, as a "training fellow", I completed a PhD in 1994 while teaching periodically. Concurrently, I developed an interest in domestic violence, which led to long research associations and friendships with now Associate Professors Nicola Gavey and Peter Adams.

I returned to clinical practice at the University of Auckland Counselling services (with Tania Cargo) then at Buchanan Clinic. Eventually my interest in the primary prevention of domestic violence and associated mental health harm prevailed, and I continued my research at the University where, with Fiona Cram and others, we developed the Psychology Department's first bicultural policy. I returned to clinical practice at ADHB's Kari Centre, as a clinical team leader, but after many months of restructuring left the public sector.

Since 2004 I have worked privately, completing research projects aimed at the prevention of domestic violence: informing the "It's Not Okay" and "White Ribbon Day" campaigns (see the New Zealand Family Violence Clearinghouse website). I do consultancy work: I was an inaugural member of the New Zealand Family Violence Death Review Committee and do expert witness testimony for the High and District Courts. My work has brought me into contact with some wonderful people: clients, research participants and those from the NGO, the profession, academia and other sectors. I am hugely grateful to psychology for providing me with a career that has never ceased to challenge.

From the trenches – A subjective view on criminal justice /forensic psychology

Rajan Gupta

Rajan Gupta is a registered clinical psychologist and works as a Consultant Clinical Psychologist at the Auckland Regional Forensic Psychiatry Service, Mason Clinic. He has a Master's degree in clinical psychology, and a Master's degree in psychotherapy. He has practised as a clinical psychologist over a number of years, with a subspecialty interest and experience in working therapeutically with clients with character pathology dynamics and clients with sexual offending behaviours, including those who have high/complex needs. His current interests relate to finding ways to distil commonalities across modalities, and on the use of protocols that can attend to treatment progress alongside risk assessment.

He is the present chair of the New Zealand Psychological Society's Institute of Criminal Justice and Forensic Psychology (ICJFP).

I have been asked to share some reflections on the profession, including developments and growth challenges within the field. Below I shall provide some reflections from an essentially personal lens; these need to be considered as far from exhaustive.

Institute of Criminal Justice and Forensic Psychology (ICJFP) - History

For readers who might not be aware, the Institute in its prior form (Institute of Criminal Justice Psychology ICJP) was first launched in 2004 at the New Zealand Psychological Society (NZPsS) Annual Conference. The scope of the institute was revised a few years ago, in keeping with the broader definition of forensic psychology as put forth in the Specialty Guidelines for Forensic Psychologists, prepared by the American Psychology-Law Society (AP-LS) Committee on the Revision of the Specialty Guidelines for Forensic Psychology. This has allowed us an extension of our scope,

to include clinically based activities of forensic psychologists, including policy psychology (i.e., application of clinical skills to law enforcement and public safety), correctional psychology (i.e., provision of assessment and treatment services in correctional settings), and forensic mental health assessment (i.e., assessment of criminal offenders and civil litigants to assist courts in answering legal questions) (Bartol & Bartol, 2006), while also recognizing that nonclinical/research psychologists are engaging in forensic psychology research if their research interfaces with some aspect of the legal system (DeMatteo, Marczyk, Krauss, & Burl, 2009, p. 185)

Our present membership represents this diversity - with members who work within the correctional setting, within forensic psychiatry services, as Specialist Assessors (under the IDCCR Act) appointed by the Ministry of Health, in the domain of expert psychological evidence in trials, and in private practice settings. They offer assessments and interventions for clients whose actions may have resulted in legal sanctions against them, they provide advice that can guide the courts and other authorities in matters before them, and carry our research activity that continually furthers our knowledge base in the field.
For more information about ICJFP go to www.psychology.org.nz/ICJFP

Reflections

As criminal justice/forensic psychologists, we provide what I think of as an invaluable service to society – utilizing our knowledge and skills as behavioural scientists-practitioners to understand and intervene with the sometimes tragic life trajectories where our clients/patients find themselves. These life trajectories often result in the commission of serious offences against others, with long-term implications for the recipients of these acts and for their families. These acts can have reverberations within the larger community – begging the question, what reverberations might they have for those who work daily with these clients? I would hazard the proposition that a commonly 'unseen' issue for those of us who work in the field is our emotional responses to these acts and their protagonists, what I broadly refer to as our countertransference/s.

Furthermore, the stories we hear from our patients are simply horrific. They force us to confront the worst aspects of humanity, and we are often left with the lonely task of managing the intense, contradictory feelings that arise during the course of our work. Even though we have all developed personalized coping mechanisms – talking to friends and colleagues,

balancing forensic cases with other types of work, drinking to excess – the struggle is ongoing (Kapoor, 2008, p. 134).

I think that the ability to reflect on our counter transference/s – to acknowledge them, to sift through them, to make meaning of them is imperative – both in the service of ensuring that these experiences do not prejudice us in our professional opining, but also to ensure that we regain the capacity to be reflective, responsive practitioners. Not doing so has its consequences – it carries the danger that our work lives, which occupy a fair portion of our weekly travails, come to be isolated pockets of experience. On the other end, lies the possibility that we carry our countertransferences into our personal lives. As Kapoor noted, I believe we manage to stumble our way through these countertransferences; it is an area that our trainings have traditionally paid limited attention to, and is a growth edge for us in some ways. It is a theme I touch on as I reflect on our functions as criminal justice/forensic psychologists.

One function that criminal justice/forensic psychologists provide is in the domain of risk assessment: 'Who is this person before us or the court? What led them to the point where they offended? What is the likelihood of their doing something similar again?' It involves the use of structured professional / clinical judgment tools, actuarial and dynamic risk assessment instruments, and psychometrics / tests to estimate and predict risk. There are ethical implications associated with risk assessments in this field. These assessments are expected to have significant impacts on the life of the individual who is being assessed. But it is something we do naturally as psychologists – identify a null hypothesis, systematically gather data in relation to a structure/design, and analyze/evaluate the data to conclude outcomes. In the field of risk assessment, we have become increasingly sophisticated in the manner in which we go about evaluating data – balancing historical static data with dynamic data that is theoretically changeable, to now actively predicting and planning case management that could produce new data (alter trajectories).

As psychologists, we can be expected to be sensitive to other variables that could potentially influence our data or results. In the realm of risk assessment and management, one variable would be our own countertransference/s. 'What does this particular case evoke for me? Do I find myself sitting in pre-judgment of this person?' Important but difficult questions, and there have been occasions when I have found myself not wanting to ask them, or dwell too much or deeply into the answers. But, unrecognized these responses can confound our findings, albeit minimally as some may argue given we no longer rely on unstructured professional opinions. In addition, to personal countertransference/s, is what can sometimes be referred to as 'organizational countertransference'. Inevitably, we are subject to processes within the institutions we work, that through explicit philosophy or implicit professionalization around a stand can influence these assessments. Ostensibly, these prejudices do not seem to exist – but a subtle (cognitive) selection bias in terms of the data that gets our attention or emphasis (or that which does not) can operate in some situations. I am no authority in understanding this phenomenon, or if it exists – I think we have an ethical responsibility to consider that it may, and watch for its influence.

Another important function of criminal justice/forensic psychologists is intervention. A populist work in the field from a New Zealand psychologist (N. Latta) is titled 'Into the Darklands'. The title can evoke all forms of resonances for different people – what are these 'darklands', and what of psychologists amongst us who 'walk' in these 'lands'? The title evokes associations of a childhood fascination in westerns watched on black and white televisions. On those now antiquated sets, as a child, it was easy enough to figure out the 'good' characters from the 'bad'. And in reasoning, not unfamiliar to a child, to demarcate who they were, by whether they wore black or white (outfits). It is different now (I hope); we see things in 'colour'… The person, who one might see as 'bad', is conceivably also 'good'. At minimum, he has the right to the opportunity to try and create a different life for himself, a wiser life. The therapeutic task is to be able to walk along with this client, with all the thoughts (and feelings) it evokes within us, being sometimes supportive, more often challenging, driving this person towards bringing their vision of a potentially different life into reality.

With respect to intervention, things have evolved in the criminal justice/forensic psychology field, with renewed consideration on working with individuals to help them find meaningful lives, 'a life worth living'. I think we are in the midst of a paradigmatic shift, with an ever-increasing focus on researching issues such as approach goals, desistance, strengths, in addition to risks and needs. Learnings from developments in other psychotherapy traditions including third-wave cognitive therapies like Dialectical Behaviour Therapy (DBT) and Acceptance and Commitment Therapy (ACT) with the emphasis on validation, acceptance, skills and values have begun to permeate and also change the ground. We are now 'consultants' to a change process. In some sense, we engage with a shifting dialectical tension within criminal justice/forensic work, from a previous weight on a sharper

and confrontational therapeutic stance, in an attempt to produce change, to a more balanced use of same with empathy and consideration to reach the clients/offenders we meet.

In closing, I think of supervision when I first moved from a 'pure' clinical setting to a more forensic one – my supervisor presented an idea he termed 'ruthless compassion'. It is one that has stayed with me – as a compass for my own countertransferential responses, should I stray too far on either end of the dialectic (too ruthless or compassionate). In any dark lands, it helps if we have a torch light we can use.

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Contemporary practice in community psychology

Jenny Corry, *Barnardos*; Rose Black, *Poverty Action Waikato*; Libby Gawith, *Private Practice*; Roxie Hanes, *St Peters School*; Beth Neill, *Private Practice*; Neville Robertson, *University of Waikato*

Rose Black is a Pākehā New Zealander of Irish and Scots descent. Her family settled in rural Southland, where she grew up alongside the Oreti River and in view of the Takitimu Mountains. There are six adult children and four grand-daughters in her blended family who live in Japan, Australia and Aotearoa. Rose is a registered psychologist with a postgraduate diploma in community psychology. She is also a researcher, supervisor and Chair of the Institute of Community Psychology Aotearoa. (See www.psychology.org.nz/IComPA for information about the Institute). Issues related to social and cultural justice have formed the basis of much of her working life and study, in particular gaining an understanding of Pākehā culture and the importance of Te Tiriti o Waitangi in the Aotearoa New Zealand story of settlement. Rose is currently a researcher with Poverty Action Waikato and a Trustee for Trade Aid Kirikiriroa.

In the President's Korero published in the May 2012 issue of *Psychology Aotearoa*, Frank O'Connor made a strong case for embracing the increasing diversity of psychological practice (O'Connor, 2012). Frank was particularly concerned that workforce planning dominated by a narrow focus on psychology as practiced within conventional health contexts was in danger of restricting the discipline's ability to contribute to individual and community well-being across a broad range of settings.

We agree. Community psychology was established as a specific area of study in Aotearoa New Zealand in the early 1980s with the postgraduate programme of study at the University of Waikato. With an emphasis on studying the social systems, organisations, economic and political contexts that people live in, community psychologists are to be found working in many different fields, and more often than not in organisations with focus on service with and to people. While the values and principles that inform the practice of community psychologists have changed little over the last thirty years there have been considerable changes in the social context of the lives people live in Aotearoa and globally. For example, thirty years ago issues of inequality and poverty were seldom mentioned and most New Zealanders would not have spoken much about Te Tiriti o Waitangi/Treaty of Waitangi and colonisation. Evaluation research was a relatively new research method aimed at collecting both qualitative and quantitative data about programmes being run in social service agencies, for example. This research method has developed to the point where it is now widely used to gather evidence for the effectiveness of contracted service provision, training programmes, and research and advocacy initiatives.

In this article five community psychologists offer a summary of the range of work they do, and some of the values they draw on to inform their work.

Beth Neill writes: My life as a community psychologist started in local government, working with others to establish participatory planning processes and build an accompanying research base to place people and communities in the resource management policy arena.

As a Pakeha, I have an abiding interest in Māori-Pakeha relationships and how I make the Treaty of Waitangi a real part of my practice. A regional role in central government got me started on more collaborative work with iwi and Māori organisations – on their initiatives and some government-driven projects, and I've continued to develop in this aspect of my work. Mainstays of my work have been systems analysis, evaluative thinking and strength-based approaches, but recently I have become more interested in how individuals/families fit in the big picture that has been the focus my work.

Jenny Corry writes: My qualification as a community psychologist fits well within the national NGO (non-government organisation) that I work for which supports and advocates for children and young people within families and communities and at a universal level. My work involves policy and systems development and quality assurance, as well as programme development to support the staff who work directly with clients. More recently I was involved in the drafting of a submission on the Family Court Proceedings Reform Bill for our organisation, and along with our Chief Executive presented this to the select committee for justice. The values and principles of community psychology provide a constant framework for reflection in my role as I work to achieve social justice for children and young people whose voices are often silenced.

Libby Gawith writes: I worked for many years in mental health services. In the UK in the 1990s I was busy co-ordinating quality assurance, training and clinical audit work for the North Herts NHS Trust as well as working for the Sainsbury Centre for Mental Health in London. Since returning to New Zealand, I now teach part-time at CPIT (Christchurch Polytechnic Institute of Technology) and carry out independent evaluation projects. I call myself a community psychologist who does evaluation work. I try to bring the great values of community psychology into my work, particularly trying to capture the voices of consumers and users of services or programmes. The aim of my practice is to try to work in a pragmatic and useful way to continue to make a difference and improve the quality of other people's lives. My work has mostly been in NGO settings, although recently I worked on a project with Community and Public Health with their "Health in all Policies" (HiAP) work and also Partnership Health now Pegasus PHO. I am very interested in the ongoing impacts of the Canterbury earthquakes. I ask myself how would I work if I had never studied community psychology? The answer is probably that I would have had very little awareness or appreciation of a) the Treaty b) empowerment and c) systems theory and analysis. This question helps me to appreciate and value my CP training and colleagues and Institute.

Rose Black writes: For the last three years, with colleague Anna Cox, we have been engaged in a research project to consider issues of poverty and inequality in the Waikato region. We have drawn on many of the values and competencies of community psychology such as taking a collaborative approach in seeking the participation of others to gather stories about and ask for their experiences and definitions of poverty. We are mindful of the impacts of poverty and the connection with Te Tiriti o Waitangi and colonisation. We apply a multilevel analysis to the way systems of government and organisations can operate to exclude and/or exacerbate situations of poverty, such as access to adequate housing, employment, education and food security. We have made a number of submissions to local and central government committees, organised events, worked with groups of people to publicise issues, and written reports to further inform people in communities and social service agencies about poverty and inequality.

Roxie Hanes writes: I am a community psychologist at St Peter's School Cambridge, a community of 1100 students (460 live on site) ranging from years 7 – 13, and 350 staff. The school is often described as a village. As well as my community psychology training, I have a background in special education and mental health. I draw on these diverse fields in my various roles, which include: consultation with the principal on managing risk for students with high and complex needs, development of policy and procedure for informed consent, employee assistance, critical incidents and lockdown; a senior member of Pastoral Care Team, advocate for students with behavioural concerns; reviewing future students; liaison with community health providers; professional development of staff; staff support, manager of a psychology and counselling service (administrator, another psychologist and counsellor).

Of course, community psychology is not the only area of psychological practice which covers such a diversity of settings and roles. Psychologists of various kinds can be found doing policy work, community development, advocacy, health promotion, human resources, coaching, training, mediation, research, planning, and organisational development to name just a few areas. We think it really important that this diversity is embraced and celebrated. We invite other institutes, divisions, interests groups and individual psychologists to add their voices to the call for greater recognition of the diversity of psychological practice.

Reference

O'Connor, F. (2012). President's korero: Looking ahead for a diverse profession. *Psychology Aotearoa*, 4(1), 2-3.

Parasite uses brain chemicals to get host eaten

The Toxoplasma parasite has a very effective strategy to ensure that the mice it infects will be eaten by cats. Writing in *New Scientist* vol 216, 2012 p17, Debora Mackenzie describes how the parasite toxoplasma gondi spends part of its life in a cat's gut and then spreads to mice through contact with cat droppings. Once mice are infected, the parasite invades the mouse's brain and alters the behaviour of the mouse so that it becomes fearless enough to seek out cats and get caught and eaten. The parasite returns to the cat's gut through this process and completes its life cycle.

Humans can also be infected with the Toxoplasma parasite through uncooked meat and contact with cat faeces. The parasite can harm the foetus and may cause psychological effects in humans. One of these effects is a tendency to recklessness. Mackenzie notes that research by Antonio Barragan of the Karolinska Institute in Stockholm, Sweden suggests that the psychological effects of the parasite could be a side-effect of the way it impacts on the immune system. It seems that Toxoplasma lives and multiplies in dendritic cells (DCs) making these cells more mobile by turning on a set of genes for producing a neurotransmitter chemical called GABA. The parasite becomes readily transported around the body. Mackenzie notes

The fact that immune cells respond to a neurotransmitter raises the possibility that mechanisms thought to be unique to nerves may be at work in other types of cells.

Barragan observes that GABA is known to reduce anxiety and fear and that a brain subjected to parasite-infested DCs producing GABA may become inappropriately fearless or brain cells may be directly invaded by the parasite. Whichever is the case it seems that in the case of cats and mice, GABA gets the parasite just where it wants to be- that is, down the throat of the cat into its gut.

Holding a mirror to Society- characteristics of health professional students

A study by Peter Crampton, et al from the University of Otago on the sociodemographic characteristics of students accepted into eight health professional programmes in 2010 at the University of Otago provides interesting data. Most of the students were female (59.6%) and 84.8% were either New Zealand citizens or permanent residents. Within the domestic student cohort, 65.0% of students self-identified as being within the New Zealand European & Other category (vs 75.3% of the national population), 34.2% as Asian (vs 11.1%), 6.3% as Māori (vs 15.2%), and 2.3% as Pacific (vs 7.7%). A large proportion of students came from high socioeconomic areas; only 3.4% of students had attended secondary schools with a socioeconomic decile of <4.

Writing in reponse to this study in *Māori Health Review* Issue 41 2012- Dr Matire Harwood notes

Medical and dental schools struggle to achieve a balance of students which reflects the ethnic and socioeconomic reality of the societies they serve. The authors have identified various reasons for this, including the elitist nature of these courses and disparities in access to quality high school educational opportunities. Current policies at Otago either aim at attracting and recruiting students from diverse backgrounds, or respond to the specific learning needs of vulnerable student groups (for example, those from low-decile schools) through bridging or foundation courses. I'd suggest that such a response is required earlier (i.e. intermediate years) rather than later.

Reference:

Crampton, P., Weaver, N., Howard, A. (2012) Holding a mirror to society? The sociodemographic characteristics of the University of Otago's health professional students.

New Zealand Medical Journal: 125(1361):12-28

Our Teleological Tendencies

The Psychologist Vol 26 (1) 2012 p16 reports on a study by Deborah Kelemen and her colleagues from Boston University where they presented 80 scientists (including physicists, chemists and geographers) with one hundred statements which they were asked to say if they were true or false. An example of a statement was 'trees produce oxygen so that animals can breathe'. Overall the scientists endorsed fewer teleological statements than the control group (approximately 22% vs 50%) but when put under time pressure the scientists endorsed 29% of the statements compared with 15% endorsed by the un-rushed scientists. As the article notes children are inclined to see purpose in the natural world –e.g. when asked why we have rivers they are likely to respond with a teleological explanation that we have rivers so that boats can travel on them. In response to this study, the researchers concluded that a broad teleological tendency appears to be a robust, resilient and developmentally enduring feature of the human mind. They note that this tendency arises in early life and becomes masked (aided by further education) rather than replaced even in those with scientific expertise.

This study can be accessed on www.bu.edu/childcognition/publications/2012_KelemenRottmanSeston.pdf

Smoking Cessation

The Royal New Zealand College of General Practitioners publishes PEARLS (Practical Evidence About Real Life Situations) in the *Journal of Primary Health Care*. These are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. In the March edition of the journal the topic was smoking cessation with the following comments made-

- Reduction and abrupt cessation are equally effective for smokers wanting to quit
- Motivational interviewing may assist smokers to quit
- Mobile phone based interventions are effective in short-term smoking cessation
- Nicotine receptor partial agonists are effective for smoking cessation
- Insufficient evidence for effectiveness of acupuncture for smoking cessation
- Insufficient evidence for hypnotherapy in smoking cessation
- Limited evidence for exercise in smoking cessation

The Journal has a disclaimer that PEARLS are for educational use only and are not meant to guide clinical activity, nor are they a clinical guideline.

Ref: *New Zealand Journal of Primary Care* Vol 5 (1) March, 2013 p78

Body Image and Motivation to Exercise

Many people find it hard to maintain their motivation for exercise after the first few weeks once the novelty has worn off and there are very few tangible rewards in terms of body weight and shape. A study reported by the British Psychological Society in *Research Digest* carried out by Dr Katherine Appleton from Queens University Belfast suggests that people's body image improves after just two weeks of moderate exercise even though there are no visible physical changes. Appleton recruited 34 people who led sedentary lifestyles prior to the study. Two, two-week programmes were put in place- one involved 3 sessions of 40 minutes reading in a gym per week whilst the other programme involved exercising in the gym at a moderate intensity – (getting sweaty and out of breath). Some participants did the reading fortnight first and others the exercise fortnight- with a two week gap between the two programmes.

Participants filled out a body image questionnaire and had their body shape and weight measured at the start and end of the exercise and reading fortnights but were not given the results. The main result was that body weight and shape remained unaltered after the reading and exercise programmes but the thrice weekly exercise *did* improve both male and female participant's perception of their bodies. Participants reported feeling more satisfied with their appearance, feeling more fit, toned, and active as well as healthier and happier with specific parts of their body. In contrast body image satisfaction dipped slightly after the reading fortnight.

Appleton believes that this study suggests that a focus on body image rather than on other goals may be more rewarding for those taking on an exercise programme. Appleby stresses however, that more research is required as the sample was small and notes that individual differences may mean that focussing on body image in some people may backfire. She also notes methodological issues which need to be considered.

To find out more about this study go to http://bps-research-digest.blogspot.co.uk/2013/02/short-term-exercise-boosts-body-image.html

What should we be worried about?

This is the question asked on the online soapbox Edge.org. This website publishes this question and answers annually (including answers from psychologists). *The Psychologist* vol 6 (23) March, p170 features some of the interesting responses from psychologists. Sarah-Jane Blackmore, for example from the Institute of Cognitive Neuroscience, University College London believes that we should be concerned about the effect of environmental factors on the development of the adolescent brain. She notes the possible adverse effects of gaming and social networking. Psychologist Susan Blackmore thinks we should be worried about losing our manual skills and developing an even deeper dependent relationship on technology. She wonders if we would be able to turn our key-pressing, screen swiping skills to feeding ourselves if we were unable to sustain the technology that supports us today? Kate Jeffery, from the Department of Cognitive, Perceptual and Brain Sciences at UCL thinks that we should be worried that we are losing the benefits of death such as allowing species to improve and flourish. She thinks that genetic research that has us living much longer could result in a world filled with

surviving generations competing with each other for resources.

Mihaly Csikszentmihalyi who developed the concept of "flow" thinks we should be concerned about 3D immersive role-playing games that involve children in 'incessant warfare'. He doesn't think that these games are "virtual to the child. He believes that we should be worried that our children will grow up unable to tell the difference between reality and imagination. Alison Gopnik author and developmental psychologist believes that we should be worried about being worried about the wrong things. She thinks that middle-class preoccupations with issues such as the direction of push-chair seats are overshadowing our need to worry about the increasing number of children who live below the poverty line. She notes

Children, and especially young children, are more likely to live in poverty than any other age group. This number has actually increased substantially during the past decade. Most significantly, these children not only face poverty but a more crippling isolation and instability.

You can read more answers on http://edge.org/annual-question

NZPSS ANNUAL CONFERENCE 2013
supported by The University of Auckland Psychology Department
6-9 September 2013 in Auckland

KEYNOTE SPEAKERS

John Forsyth, USA - Keynote address: Expanding Our Reach to Meet the Unmet Burden of Human Suffering: Using ACT in a Self-Help Context.

Nancy Pachana, Australia - Keynote address: Psychology and Ageing: A Decade of Turning Points.

Margaret Wetherell, NZ - Keynote address: Emotion and Identity: A Practice Approach

Karl Hanson, Canada - Keynote address: The Assessment and Treatment of Sexual Offenders

Phillipa (Pip) Pehi, NZ - Keynote address: Re-membering Papatuanuku: A Psychological Imperative

Waikaremoana Waitoki & Rosanne Black, NZ - Joint keynote address: Seeking cultural competency: Signposts, judder bars, and potholes

GUEST SPEAKERS

Nicola Gavey - Guest address: Intimate intrusions of the neoliberal deceit

Jan Pryor - Guest address: Bringing Stepfamilies into the Fold: an update on Research and Policy

Donna Rose Addis - Topic TBC

WORKSHOPS

John Forsyth, USA - The Compassionate Use of Exposure Strategies in Acceptance and Commitment Therapy (ACT)

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

Alex Bartle, NZ - Common Sleep Disorders and their Treatment

Sonja Macfarlane, NZ - He Ritenga Whaimōhio: Culturally responsive evidence based pathways in psychology

Tanya Breen, NZ - Autism Spectrum Disorder and Adolescence: Managing this Period of Change

Jan Pryor, NZ - Bringing Stepfamilies into the Fold: an update on Research and Policy

The Australian Psychological Society has a Reconciliation Action Plan (RAP)

Dr Raymond Nairn

Ray is a social psychologist with many years experience in community education and action around Te Tiriti o Waitangi (The Treaty of Waitangi). A Pākehā New Zealander of Scots and English descent he was a foundation member of NSCBI (1991). His current research with Kupu Taea, analysing the ways in which mainstream media tell Māori stories and stories about Māori, grew out of his earlier analyses of how Pākehā speakers construct Māori and Māori-Pākehā relations in their talk. He retired from Auckland University in 2005, was President of the Society (2006- 2008), and has worked as a research and education consultant (media meanings) since then. He became a Fellow of the Society in 2012.

Over the last couple of years the Australian Psychological Society (APS) has developed and is now implementing a Reconciliation Action Plan (RAP) that is intended "to build mutually respectful relations between indigenous and other Australians as part of the national effort to close the 17-year gap in life expectancy" (http://www.psychology.org.au/reconciliation). So: what is a RAP? What is the APS undertaking to do? And why might New Zealand psychologists give a toss?

What is a RAP?

Under sustained, courageous, goading by Aboriginal and Torres Strait Island (ASTI) political leaders a growing number of Australians want to redress past injustices done to the indigenous peoples. There are articles, such as Gridley, Davidson, Dudgeon, Pickett & Sanson (2000) that document responses of the APS and psychologists to emerging Aboriginal and Torres Strait Islander initiatives and to the wider sea change in Australia and the profession. Nationally, pressure on the Government to apologise and offer redress for past policies and practices grew substantially following the bicentennial of European settlement in Australia in 1988. One outcome of that pressure was the Royal Commission into Aboriginal Deaths in Custody that recommended establishment of a Council for Aboriginal Reconciliation which was done by unanimous vote in the Commonwealth Parliament. In 2001 that council set up Reconciliation Australia (RA) (http://www.reconciliation.org.au/home/reconciliation-action-plans/what-is-a-rap-) as a national body with responsibility for focusing and aiding steps to reconciliation. In performing that role RA foregrounds: the need for other Australians to: "develop relations with Aboriginal and Torres Strait Islander individuals, organisations and communities", the importance of organisations demonstrating their respect for Aboriginal and Torres Strait Islander peoples, and the benefits that accrue from creating "mutually beneficial opportunities for Aboriginal and Torres Strait Islander individuals, organisations and communities and the RAP organisation [members], staff and stakeholders" (FAQs on RA site).

The Reconciliation Action Plan programme, running since 2006, encourages and assists organisations to develop and implement their own RAP. It is a key strategy of RA because the programme aims to turn "good intentions into actions". [Quotes in this outline of the RAP programme are from the FAQs resource at the RA site.] Each organisation's RAP is guided by its vision for the future and the organisation's context - "Who you are, what you do, staff, and location". A business, NGO, professional association (APS is one), local body, etc. deciding to develop a RAP, is recommended to appoint a 'champion' who can ensure the development and implementation don't get sidelined, and is encouraged to enable everyone in the organisation to be part of the process. Not a simple task when you have 20,000 members, more than 100 staff, and numerous sub-groups and interested parties. Obviously, as RAPs are about reconciliation, the organisation must relate in appropriate and effective ways with Aboriginal and Torres Strait Islander groups, spokespersons, and leaders to ensure their perspectives and understandings help shape the RAP. As noted above: three elements underpin RA thinking

about reconciliation: developing and maintaining relations between other Australians and Aboriginal and Torres Strait Islander individuals, organisations and communities, demonstrating respect for Aboriginal and Torres Strait Islander peoples, and creating "mutually beneficial opportunities for Aboriginal and Torres Strait Islander individuals, organisations and communities and the RAP organisation [members], staff and stakeholders". For APS, the Australian Indigenous Psychologists Association (AIPA) is their primary Indigenous partner.

Under sustained, courageous, goading by Aboriginal and Torres Strait Island (ASTI) political leaders a growing number of Australians want to redress past injustices done to the indigenous peoples.

Having agreed to develop a RAP the APS formed a working group: co-chaired by the then presidents of the Society and chair of AIPA and including APS Board members, senior staff, chairs (or representatives) of relevant member groups, and other Indigenous and non-indigenous members, as well as Indigenous community members. Consistent with the spirit and intent of the Memorandum of Understanding between APS and NZPsS, Associate Professor Linda Waimarie Nikora and I were invited participants expected to contribute on the basis of our NZ experiences. The APS bases its vision on the challenge issued by Rob Riley "an inspirational justice activist" in the first indigenous keynote given to an APS conference (1995) (http://www.psychology.org.au/Assets/Files/RAP-Booklet_Final_WEB.pdf):

> *"It is your responsibility [as psychologists] to seek that knowledge and understanding [of Aboriginal people] now, and to ensure that it is available for future generations of psychologists, in psychological training and education programs."*

To quote from the RAP:

"Reconciliation is central to our response to Rob Riley's challenge to us all. It involves building mutually respectful relationships between indigenous and other Australians that allow us to work together to solve problems and generate success that is in everyone's best interests."

In October 2011 APS publicly stated its commitment to developing a RAP, identifying seven areas for action:

- increasing the number of Aboriginal and Torres Strait Islander psychologists,
- enriching psychology by incorporating Aboriginal and Torres Strait Islander knowledge and perspectives,
- facilitating psychologists' competence to work with Aboriginal and Torres Strait Islander communities,
- reviewing APS governance structures and policies,
- developing and embedding cultural protocols for APS meetings and events,
- reviewing ethical guidelines for provision of psychological services to and conduct of research with Aboriginal and Torres Strait Islander peoples,
- facilitating research in genuine partnership with Aboriginal and Torres Strait Islander communities.

What is the APS undertaking to do?

For this to work, like every other RAP, to work it has to be an integral part of the life of the organisation and all who sail (or work) in it. So, rather than a shopping list of desirable activities the APS RAP organises the actions (all with timelines, individuals or groups responsible, and measurable targets) into five sections of which No. 1 is "Respectful relationships". (http://www.psychology.org.au/reconciliation). The other specific areas are, as listed: Governance, Cultural competence, Indigenous education and employment, and Tracking progress and reporting. In Respectful relations, actions include: [ensuring] Branches are aware of the RAP and are linking with local Indigenous organisations and psychologists, sharing stories of successful partnerships between Indigenous and non-Indigenous psychologists/communities, developing Cultural Protocols and implementing them across APS business, and, as a mark of respect, recognising/celebrating key Aboriginal and Torres Strait Islander dates each year. A necessary resource for the last action, a calendar of those dates with brief explanations of each, already exists in draft form. Among the Cultural Protocols currently implemented by APS is Welcome to Country, as I understand it, this is akin to a mihitau, where the people of the particular territory welcome those present to their Country. If, as at an APS Board meeting, there is no host person present, an Acknowledgement of Country recognises that nation's mana.

"It is your responsibility [as psychologists] to seek that knowledge and understanding [of Aboriginal people] now, and to ensure that it is available for future generations of psychologists, in psychological training and education programs." (Rob Riley)

From the APS Home page (http://www.psychology.org.au) you reach the Society's Acknowledgement of Country through the link marked

by the Aboriginal and Torres Strait Islander flags (lower right).

> The Australian Psychological Society (APS) respectfully acknowledges the Wurundjeri and the Boonwerrung people, the traditional custodians of the land on which our national office is situated, and pays respect to elders both past and present of the Kulin nations. The APS is committed to working in partnership with Indigenous psychologists and communities to meet the social and emotional wellbeing and mental health needs of Aboriginal and Torres Strait Islander peoples.

These protocols are expected to be observed at conferences, meetings and other APS events.

Area No. 2 - Governance has APS talking about and to those responsible for setting policy making it vital for the health of the entire RAP programme. Actions include: strengthening the APS – AIPA relationship, ensuring members in leadership roles - such as the Board of directors - understand the importance of respect for Indigenous people, culture, land and history for APS and the members, ensuring governance structures have Indigenous representation wherever possible and incorporate views and experiences of Aboriginal and Torres Strait Islander people, respect and facilitate AIPA decisions about prioritising commitments of Indigenous psychologists. The last commits APS to working with AIPA to obtain whatever Indigenous input is needed at the convenience of the Indigenous group or stakeholders rather than, as is the wont of NZ governments, at the behest of the colonial organisation.

Area No. 3 – Cultural competence - and No. 4 – Indigenous education and employment – require APS both as an organisation and through its members to engage with a host of other bodies and people. I am hoping they succeed in bettering the goals currently set as I see change in both areas as essential if we (psychologists) are to ensure our knowledge and practices benefit rather than harm non-culture-defining peoples (Black & Huygens, 2007) individually or collectively. With respect to Cultural competence, APS actions include: increase the amount and quality of Indigenous content in the psychology curriculum, update and promote ethical guidelines for research and practice with Indigenous people, increase understanding of Aboriginal culture history and contemporary issues among members, Board and staff, share up-to-date research and culturally informed practice with members, facilitate processes ensuring assessment tools are developed with/by and for Indigenous peoples, establish and support a group to increase Indigenous psychology student enrolments and student retention. These APS actions commit them to standing alongside Aboriginal and Torres Strait Islander leaders and mental health workers who, for many years, have been encouraging university departments to include Indigenous content in psychology courses, particularly those leading to professional registration. That has begun to happen and will become an accepted part of psychology although, if New Zealand universities are any guide, some universities will respond positively while others will remain committed to the psychology of the metropole (Connell, 2007, Nikora, 2012). Having been involved with a similar, Māori and Pacific, affirmative action scheme I believe that setting up an Indigenous Education Reference Group with responsibility for both increasing Indigenous student numbers and Indigenous content in psychology should mean that participating departments will be able to benefit from each other's experiences to ensure critical issues are recognised early and addressed effectively.

"Reconciliation is central to our response to Rob Riley's challenge to us all. It involves building mutually respectful relationships between indigenous and other Australians that allow us to work together to solve problems and generate success that is in everyone's best interests." (RAP)

For area No. 4 – Indigenous education and employment – the actions commit APS to support Indigenous psychology students by working with Heads if Departments and universities' Indigenous Student Support Services, develop reciprocal mentoring for Indigenous psychology students, recent graduates and interested non-Indigenous psychologists through partnership with the APS Aboriginal and Torres Strait Islander Peoples and Psychology Interest Group (ATSIPP), contribute to national debates and policies impacting on Indigenous psychology workforce, support mechanisms for increasing employment of Indigenous people particularly psychologists, facilitate Aboriginal and Torres Strait Islander people being able to self-identify by language group in all data collection, increase numbers of Indigenous psychology students, retain and support Indigenous students and graduates in the profession, explore possibilities for developing professional development academic and research programme for and with Indigenous psychologists. These actions constitute a more elaborate and focused effort to create a substantial, well-qualified Indigenous psychology workforce than that Professor Jules Older proposed for New Zealand in the 1970s, a scheme NZPsS did not support at the time.

While the RAP actions are obviously directed to having more Indigenous participants in psychology, New Zealand has found that similar actions have made it possible to move towards a more Māori psychology (Durie, 2012).

Why might New Zealand psychologists give a toss?

First, there's self-interest. There is increasingly close integration of psychological practice and practitioners across the two countries and an increasing number of practitioners will work in Australia at some point in their career. When you cross the Tasman you will need to be up-to-date with these changes as they will (or should) affect your ability to obtain an annual practice certificate.

Second, there's the urge or need to ensure you remain up-to-date in at least your own practice areas. Efforts to improve psychology for Aboriginal and Torres Strait Islander psychologists and clients will affect both the practice and the discipline of psychology and those changes will not be confined to Australia. Indeed, issues resulting from similar efforts to improve psychology for Māori clients and practitioners have already been noted (for example: Herbert, 2012; Macfarlane, 2012; Nairn & Hyde, 2010). To give three examples: differing understandings of the nature of knowledge, recognising that people's actions are grounded in their culture-based interpretations of their world (Tau, 2012), and the growing pressure to grant spirituality an appropriate place in psychology's models of healthy human living. Differences in how knowledge is understood in different epistemologies are of particular importance to a discipline whose currency is knowledge: so how should psychologists practise if they are to respect people who see knowledge as lacking validity when divorced from the relationships within which it was generated? That issue, like the necessity of recognising that people's worlds are shaped by their cultures, are foundational for efforts to practise in a culturally competent manner (Love & Waitoki, 2007).

The APS RAP places respect for the histories, culture and special contributions of the Indigenous peoples at the centre of the restoration of respectful relationships so we can expect to see increasing numbers of psychologists seeking ways in which the dominant psychology can work with these different knowledge systems. In his 2003 keynote address to the NZPsS Conference, Mason Durie (2012) identified the interface between different knowledge systems as the place where creative developments occur: something those who attended the National Māori and Pacific Psychologies Symposium (2007) or the Indigenous psychologies: Our past, present and future conference (2012) will have seen very clearly. I hope I have made it clear that I expect the APS RAP and comparable efforts here to shift the conceptual centre of gravity of psychology and, as that shift occurs, anyone who has not been following, or has resisted developments may find they are struggling to adapt their practice.

I think it would help if, especially in relation to Te Tiriti, psychologists here were to assertively communicate to all the importance of living and practising by the principles of: Respect for the dignity of persons and peoples, Responsible caring, Integrity in relationships, and Social Justice and responsibility to society.

My reflections

Involvement in the RAP process has pushed me to think about reconciliation and the centrality of the Treaty in parallel efforts by NZPsS. My initial reactions to 'reconciliation' were prejudiced by many films, books and other stories in which non-dominant people(s) are required to acquiesce in or become reconciled to their subservient state. In contrast to that 'We won, you lost, get used to it' meaning, Reconciliation Australia and the RAP working group understood reconciliation as: "making friendly again after an estrangement" (Oxford Reference Dictionary). Indeed reconciliation between settlers and Indigenous Australians has become Australia's preferred path to a genuinely post-colonial nation. That's similar to Canada and South Africa where, as a necessary step to more just and equal relations, Truth and Reconciliation Commissions were established to enable (relatively) unvarnished accounts of events in their colonial history to be told. While I have some reservations about 'reconciliation' as the path to a culturally just society, I hope I have been clear that the RA programmes do enable diverse people to work together on the basis of their commitment to "build mutually respectful relations between Indigenous and other Australians".

In New Zealand we do not and have not talked of reconciliation between the indigenous and settler peoples either as part of professional practice or more generally. Instead, and I would not have it otherwise, efforts to achieve culturally just relationships have centred on Te Tiriti o Waitangi. Each principle of the Aotearoa/New Zealand Code of Ethics (2002) is locally grounded in the Treaty which is also at the heart of the NZPsS Bicultural Commitment (http://www.

psychology.org.nz/cms_display.php?sn=47&st=1&pg=3383). Yet outside and sometimes within NZPsS talk of the Treaty often leads to animosity and people taking or supporting anti-Māori positions, particularly in relation to Treaty settlements. In a large part that is a consequence of generations of settler talk that misrepresents the Treaty (McCreanor, 2012), denies Māori perspectives (as a counter see *Ngapuhi Speaks*, 2012, reviewed in this issue), and takes for granted the rightness of imposed colonial structures and practices. That talk supports attitudes that recycle the talk and sustain an adversarial, zero-sum game understanding in which fear that Māori might win over masters desire to create a culturally just society that respects the dignity of persons and peoples. I think it would help if, especially in relation to Te Tiriti, psychologists here were to assertively communicate to all the importance of living and practising by the principles of: Respect for the dignity of persons and peoples, Responsible caring, Integrity in relationships, and Social Justice and responsibility to society.

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Traumatic Brain Injury in New Zealand: A Silent Epidemic?

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Nicola is a Senior Lecturer in the School of Psychology, University of Waikato. She is involved in research in several different areas including; traumatic brain injury and stroke, and driving and road safety (with the Traffic and Road Safety Research Group, TARS). Nicola is also a Board member for The Head Injury Network for Kiwis (THINK, formerly Waikato Head Injury Society) and is currently Deputy Chair, Research for the School of Psychology.

"Having a head injury can be a ticket to hell. Fortunately, it may be a return ticket".
Stephen, THINK (The Head Injury Network for Kiwis)

In 2008 I was fortunate enough to be invited to be part of a research team on a large population based project focusing on the incidence and outcome of traumatic brain injury (TBI) in New Zealand (led by Professor Valery Feigin National Institute of Stroke and Applied Neurosciences, AUT University). At the time I knew little about TBI or population based research, but the last five years have changed that. My involvement in the project has led to on-going collaborations and friendships, and continues to provide me with on-going challenges as a researcher. More importantly, however, thanks to those who participated in our research, it has given me an enormous appreciation of the daily challenges faced by those affected by TBI and the desire to do research that ultimately will make a difference for them and other TBI survivors.

The initial population based TBI study (Brain Injury Outcomes New Zealand in the Community; BIONIC), has led to several related projects which focus on genetic influences on outcomes from TBI (led by Professor Robert Kydd, Auckland University); experiences of recovery and adaptation following TBI (led by Professor Kathryn McPherson, AUT University); and the consequences of brain in childhood (COBIC, led by Dr Nicola Starkey, University of Waikato). This article provides a brief overview of TBI, what we already know, followed by details of our current research programme and what we hope to do next.

What is traumatic brain injury? A TBI occurs when there is damage to the brain from an external mechanical force such as a blow to the head, rapid acceleration or deceleration (e.g., in a car crash) or from a penetrating injury (e.g., gunshot). Traumatic brain injuries are classified as mild, moderate or severe, depending on the Glasgow Coma Scale score (level of consciousness), length of post-traumatic amnesia and length of loss of consciousness at the time of injury. Unsurprisingly, moderate and severe TBI survivors develop the most significant disabilities and require the most treatment and rehabilitation. However, even mild injuries can lead to long lasting and persistent problems which often go unrecognised. Mild TBIs account for 95% of all TBIs, while moderate and severe injuries account for 5% cases, (Feigin, et al., 2013). The acute symptoms of mild TBI (including concussion) may include loss of consciousness, headache, vomiting, lethargy, fatigue, dizziness, balance problems, blurred vision, confusion, memory loss, trouble concentrating as well as behavioural and mood changes. More severe injuries may lead to convulsions or seizures, weakness and loss of co-ordination, cognitive problems (e.g., attention, concentration, inhibition, reasoning and planning), sensory processing deficits (e.g., sight, hearing, taste) and behaviour or mental health problems which can include aggression, personality changes, socially inappropriate behaviour, depression and anxiety.

TBI is the leading cause of long-term disability among children and young adults in New Zealand as well as internationally, (Langlois, Rutland-Brown, & Wald, 2006). Those at highest risk are the under 4 year olds, young

people aged 15-25 years and those over 70 years. Rates for males and females are similar until the teenage years, after which the risk of TBI for males is almost twice that of females, probably due to higher levels of risk taking and thrill seeking in young males. There are also significant ethnic inequalities in TBI incidence (New Zealand Guidelines Group, 2006) with Māori and Pacific Island men more likely to be hospitalized for TBI, and Māori women at increased risk compared to Pacific and Pakeha women, (Barker-Colllo, Wilde, & Feigin, 2009).

TBI is the leading cause of long-term disability among children and young adults in New Zealand as well as internationally

Around 60 million people are affected by TBI each year (Feigin, et al., 2013; Hyder, Wunderlich, Puvanachandra, Gururaj, & Kobusingye, 2007) and by 2020 it is thought that TBI will become the third largest cause of global disease burden, ("Traumatic brain injury: time to end the silence," 2010). In New Zealand it has been estimated that 20,000-30,000 cases of TBI occur per year, (New Zealand Guidelines Group, 2006) but accurate figures are difficult to obtain as many people do not seek medical treatment. Given the high incidence, the financial cost of TBI is also substantial, with annual direct costs of TBI estimated as over $100M. In 2005, ACC allocated 14.4% of total expenditure and 38.6% of social rehabilitation expenditure to moderate and severe TBI. TBI not only affects the life of the individual with the injury, but also causes emotional distress in family members who take on caregiving roles, often resulting in increased use of tranquilisers, alcohol, and counselling, (Kreutzer, Gervasio, & Camplair, 1994).

Following up cases of moderate to severe TBI is relatively straightforward as the majority of patients are hospitalised. In contrast, most mild TBI cases are not and many don't seek medical attention. However, even mild injuries can lead to long-term difficulties in a significant proportion of individuals, including post-concussion symptoms, (Sotir, 2001) epilepsy, depression, (Jorge & Starkstein, 2005) and cognitive deficits, (Stalnacke, Elgh, & Sojka, 2007). Many people with mild TBI continue to experience concentration difficulties, impulsivity, irritability, and impairments in executive function (e.g., awareness, planning, abstract reasoning) for months, (Deb, Lyons, & Koutzoukis, 1999; Levin, Eisenberg, & Benton, 1989) and sometimes years post-TBI, (O'Shaughnessy, Fowler, & Reid, 1984). In some cases, and particularly with children, the full effects of an injury may not be apparent for some years. Even though TBIs are relatively common, accurate data on the incidence, longer term outcomes and the effects of TBI on the family are scarce.

The overall aim of the first study (the Brain Injury Outcomes New Zealand in the Community study, BIONIC, funded by the Health Research Council) was to provide accurate data on the incidence and outcomes (up to twelve months post-injury) of TBI in a population based sample. To do this we attempted to document every case of TBI in Hamilton and Waikato District (chosen because it has demographic and social characteristics similar to the whole of NZ) over a 12 month period. People sustaining a TBI were identified via the hospital, GPs, schools, rest-homes, prisons and by self-referral. Assessments were carried out at baseline, 1 month, 6 and 12 months post- injury and covered a range of areas, including employment, health service utilisation, medication use, care costs, post-concussion symptoms, health-related quality of life, and cognitive and behavioural functioning (assessed using questionnaires and a computer-administered cognitive test battery). For those who are interested, details of the study methodology can be found in Theadom et al, 2012.

TBI not only affects the life of the individual with the injury, but also causes emotional distress in family members who take on caregiving roles…

Over the 12 month period of case ascertainment, we identified 1369 cases of TBI, equivalent to a rate of 790/100,000 people per year (around 36,000 brain injuries each year), which was much higher than previous estimates and greater than rates of stroke and heart attack. The majority of people had a mild TBI (95%), over 70% of cases occurred in those aged under 30 years and over a third did not seek hospital treatment at the time of injury. The rate of TBI for males was nearly twice that of females and Māori had significantly higher rates of TBI compared to Europeans and other ethnic groups, particularly those over 35 years of age. Falls were the most common cause of injury (38%), followed by mechanical forces (i.e., blow to the head, 21%), transport accident (20%) and assault (17%), (Feigin, et al., 2013). We also examined computerised tomography (CT) scans to determine if indices of raised intra-cranial pressure were related to injury severity. CT scans indices were found to share a linear relationship with injury severity , and may be a useful marker of injury severity, even in mild TBI, (Barker-Collo, Starkey, Kahan, Theadom, & Feigin, 2012). We are still analysing the data related to TBI outcomes, but

preliminary analyses indicates that up to 30% of our participants had cognitive deficits 12 months post-injury.

Many people with mild TBI continue to experience concentration difficulties, impulsivity, irritability, and impairments in executive function…

One aspect of TBI recovery of particular interest is why people with similar injuries have different recovery trajectories. As well as demographic and general health factors, there is accumulating evidence that genetic factors contribute to outcomes after TBI, by modulating the molecular/physiological response of the brain to the acute physical trauma. These secondary processes are responsible for a large amount of the final tissue damage. In addition to directly modulating the response to trauma, genetic variants (and their interaction with environmental factors) may influence other factors related to injury outcomes such as pre-injury health, the likelihood of developing co-morbid conditions and the response to pharmacological treatment. To date, studies conducted in this area have been limited to small sample sizes and findings are somewhat inconclusive. To address this, DNA samples (from saliva) were collected from all consenting participants aged >7 years. Future analysis of these samples will focus on how specific genetic variants relate to the speed and extent of recovery from TBI. As well as providing information about the relationship between specific genetic variants and recovery from trauma, these findings may lead to treatments and rehabilitation options tailored to suit an individual's genetic profile (led by Prof Robert Kydd, Auckland University; funded by the Faculty of Medical and Health Sciences, University of Auckland).

As mentioned earlier, TBI may have enduring effects for the individual and their whānau / family, however for those who have persistent problems and symptoms, we know very little about the strategies that individuals and their families use to adapt to their life after TBI. People with persistent difficulties at 6 months post injury have been invited to take part in longitudinal study (6, 12 and 24 months post-injury) to share their experiences of recovery and adaptation after TBI (led by Prof Kathryn McPherson, AUT University; funded by Health Research Council). We are particularly interested in strategies that people find most useful in living life after TBI, as well as identifying barriers to recovery and adaptation. It is hoped that findings from this study will be used to inform the development of health and support interventions for TBI survivors and their whānau/family in New Zealand.

One aspect of TBI recovery of particular interest is why people with similar injures have different recovery trajectories

As young children and adolescents are at high risk of TBI, their inclusion in the study was particularly important. Until recently, it was thought that the effects of TBI during childhood were less severe than a similar injury sustained during adulthood due to the increased plasticity of the developing brain. In fact, evidence now suggests the opposite, that is, the younger the age at injury, the worse the outcomes from TBI, (Anderson & Yeates, 2010). A TBI during childhood which causes damage to developing brain tissue may disrupt current skills and alter the path of subsequent development, inhibiting the learning of new skills and preventing the attainment of normal developmental milestones, (Anderson, Morse, Catroppa, Haritou & Rosenfield, 2004). Over time impairments in previously acquired skills may diminish, but the development of new skills may be slowed with these deficits only becoming apparent some time after the injury. This suggests that longer term studies of childhood TBI are needed to assess children's current abilities as well as the development of new skills. Funding from a variety of sources (Health Research Council, Lottery Health Research, Waikato Medical Research Foundation, FASS, University of Waikato) has enabled us to carry out a longer term follow up (up to two years post-injury) of the children and adolescents from BIONIC and also to recruit an age-matched TBI free cohort for comparison purposes (the Consequences of Brain Injury in Childhood study, COBIC; led by Dr Nicola Starkey, University of Waikato). As well as finding out how children are doing at home, we have also sought information from teachers to find out more about how the children cope in the more complex school environment. Preliminary findings suggest that twelve months after injury, children with mild TBI (mTBI) are more likely than their non-injured peers to demonstrate symptoms of emotional and behavioural disorders. In addition, levels of overall cognitive functioning and academic performance appear lower and learning disorder rates higher in the mTBI group. Further analysis will hopefully provide some insights into whether pre-existing factors place some children at higher risk of TBI or if these symptoms are a result of the TBI.

Overall, we hope that this research

programme will increase our understanding of TBI and ultimately lead to more effective prevention strategies, better interventions and improved services for individuals with TBI and their families. Our research is not going to stop here; we have applied for funding to examine the longer term (4 years post-injury) outcomes from TBI, with a particular emphasis on the effects of recurrent TBI. Almost a third of the BIONIC participants had experienced a TBI before they became involved in our study and a significant proportion experienced another TBI during the twelve month follow up period.

We are particularly interested in strategies that people find most useful in living life after TBI, as well as identifying barriers to recovery and adaptation

Sustaining repeated TBIs can result in symptoms much more severe than would be expected by that injury alone, but little is known about the long term cumulative effects of recurrent TBI. To date the effects of recurrent TBI have focused on specific populations (e.g., high performance sports people) but with recent reports of TBI (particularly recurrent injuries) being linked to increased risk of Parkinson's Disease, Alzheimer's Disease and psychiatric disorders further information from a population based sample would help to inform rehabilitation and preventative campaigns.

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The Sovereign New Zealand Wellbeing Index

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Abstract

This article outlines the development, methodology, and some preliminary results of the Sovereign New Zealand Wellbeing Index (SNZWI) - a web-based observational longitudinal study of 10,000 adults aged 18 years and over selected randomly from throughout New Zealand. The SNZWI is the first national representation of how New Zealanders are faring on a personal and social level. The survey provides a much needed look beyond the economic conditions of New Zealanders to how New Zealanders are coping within these economic conditions.

Background and Context

Happiness is good! Research shows that happy people have better relationships, higher incomes, better physical health and are more agreeable and likely to give to others (Diener & Seligman, 2002; Lyubomirsky, King, & Diener, 2005). As such individuals have pursued 'happiness, wellbeing and the good life' for many years, although the benefits of measuring and promoting national wellbeing have not been advocated until recently. Traditionally, the success of a nation has been determined using economic indicators such as Gross Domestic Product (GDP). However, such measures fail to capture how society is functioning as a whole, and fail to reflect whether peoples' lives are prospering in line with economic growth (Michaelson, Abdallah, Steuer, Thompson, & Marks, 2009). In fact, the continual drive to improve national economic measures may be negatively impacting citizens' lives through longer working hours and rising levels of indebtedness (Michaelson et al., 2009; Stoll, Michaelson, & Seaford, 2012). Thus, there is emerging interest in capturing not just the wellbeing of individuals, but the wellbeing of populations.

Traditionally wellbeing has been the study of fixing what is wrong with individuals to make them 'well' (Diener, 2000). However now wellbeing incorporates what is going right with individuals and also with society. The challenge is to enable a society where people lead purposeful and meaningful lives, where their social relationships are supportive and rewarding, where they are engaged and interested in their daily activities, and they actively contribute to the happiness and wellbeing of others. In this society people would be competent and capable in the activities important to them, optimistic about their futures, consider themselves good people living good lives, and have the respect of their peers and community. Science has progressed considerably over the last decade developing robust, reliable and valid measures of wellbeing, and researching the components that contribute to wellbeing (e.g., curiosity, strengths, positive emotions, physical health, social connections).

Traditionally wellbeing has been the study of fixing what is wrong with individuals to make them 'well'

Over the last decade several attempts have been made to capture national wellbeing overseas (Cummins, Eckersley, Pallant, Van Vugt, & Misajon, 2003; Diener, 2006; Huppert et al., 2009; Self, Thomas, & Randall, 2012). The evidence from these surveys shows individuals with higher wellbeing (as indicated by measures of happiness or life satisfaction) tend to be more productive, have higher incomes, more stable marriages, and better health and life expectancy (Diener, 2000; Diener & Chan, 2011). Although this has provided a good start, many of these attempts have relied on a single question rating of life satisfaction or

happiness, incorporated into a social survey (Stoll et al., 2012). However, the reliability of a single item measure is questionable as a single question fails to capture wellbeing as a multi-dimensional phenomenon. To create a comprehensive measure of national wellbeing it is important to measure the many different components of wellbeing. In addition, most attempts have not followed the same individuals over time in order to assess changes in wellbeing, but have instead relied on cross-sectional research designs (i.e., single session snapshots).

Science has progressed considerably over the last decade developing robust, reliable and valid measures of wellbeing, and researching the components that contribute to wellbeing (e.g., curiosity, strengths, positive emotions, physical health, social connections).

One of the most comprehensive wellbeing indices developed to date is a module included in the European Social Survey (ESS: Huppert et al., 2009). The ESS is a social survey conducted every two years and obtains approximately 1,500 respondents from each of the 25 participating European countries (i.e., a snapshot of about 35,000 participants every two years across Europe). Like a number of other social surveys, the core survey had traditionally relied on two measures to determine wellbeing: 1) overall life satisfaction; and 2) happiness. However, in the 2005/2006 round (Round 3) of the survey, a specific and comprehensive wellbeing module was incorporated for the first time. The module was carefully constructed to measure wellbeing as a multi-dimensional construct. Specifically, the ESS now measures how people feel (e.g., experiences of pleasure, sadness, enjoyment and satisfaction) and how people function (e.g., their sense of autonomy, competence, interest, and meaning or purpose in life) (Huppert et al., 2009). The module was updated in Round 6 with the inclusion of extra questions to measure engagement and wellbeing promoting activities, and additional psychometric improvements[1].

New Zealand Wellbeing

Against this international backdrop, wellbeing research in New Zealand is limited. What little research there is has been mainly focused around a single measure of life satisfaction[2], and has utilised cross-sectional designs. When life satisfaction is assessed, research reports indicate that New Zealanders are about 7-8/10 on a 11 point (0-10) scale (e.g., in the 2006 Gallup World Poll New Zealand scored 7.4[3], in the Legatum Institute's annual Prosperity Index New Zealand scored 7.2 for life satisfaction), that 86% of New Zealanders are either very satisfied (32%) or satisfied (54%) with life (New Zealand General Social Survey, 2008), and that New Zealand usually ranks around 4th-7th in the world in the life satisfaction stakes depending on the particular study (e.g., in the Gallup World Poll New Zealand ranked 6th equal with Australia and Canada). In addition, the extent to which New Zealanders are flourishing, which can be conceived of as social–psychological prosperity incorporating important aspects of human functioning (self-perceived success in relationships, self-esteem, feelings of competence, purpose, engagement, and optimism), has never been measured. In essence, to flourish is to "live within an optimal range of human functioning, one that connotes goodness, generativity, growth, and resilience" (Fredrickson &

Figure 1. The Mental Health Foundation's Five Ways to Wellbeing campaign.

1 For example, removal of items that demonstrated a high ceiling or floor effect, or those highly correlated with other single item measures.

2 Usually asking about life satisfaction using a restricted range of response options; e.g., a five point scale from strongly agree to strongly disagree.

3 The median score for 30 OECD countries was 6.9/10.

Losada, 2005, p. 678). International research indicating the significantly better health outcomes for flourishing individuals has already made this a popular line of academic enquiry overseas (e.g., see Dunn & Dougherty, 2008).

Wellbeing promotion in New Zealand is even more limited than wellbeing research, however recently the Mental Health Foundation has introduced a national Five Ways to Wellbeing campaign (Mental Health Foundation, 2012), as depicted in Figure 1 (see previous page).

Developed by the New Economics Foundation in the UK, the 'Five Ways to Wellbeing' is a set of evidence-based public mental health messages (Connect, Be active, Take notice, Keep learning, Give) aimed at improving the mental health and wellbeing of whole populations[4]. There is now much international evidence that the activities and ways of thinking promoted by the Five Ways to Wellbeing improve population mental health and wellbeing (for a review of this evidence which suggests the Five Ways are important for building the wellbeing of individuals, families and communities, see: Aked, Marks, Cordon, & Thompson, 2011).

Wellbeing promotion in New Zealand is even more limited than wellbeing research, however recently the Mental Health Foundation has introduced a national Five Ways to Wellbeing campaign

The Sovereign New Zealand Wellbeing Index: Study Aims

To better understand the wellbeing of New Zealanders, and as a base for wellbeing promotion, it is crucial to use a multi-dimensional wellbeing tool to survey people, and to track them over time. By understanding the wellbeing of New Zealanders and how this changes, we will be able to identify the people and places in New Zealand who are getting the most out of life, and who are best prepared to deal with the highs and lows (e.g., economic catastrophe, environmental catastrophe). A national wellbeing index can help show New Zealanders' perceptions of society, whether they are happy, if they are using their strengths, and how they are feeling and functioning. It will give insights into what New Zealand can change at both an individual and societal level to make New Zealand a better place to live. Such information can help the business, education and government sectors, along with communities and whanāu, make decisions about our future with wellbeing in mind (rather than just wealth in mind).

Thus the long term aims of this study are to:

1. develop an overall profile of New Zealanders' wellbeing (Wellbeing Index);
2. determine the prevalence of wellbeing among different geographic locations and various demographic groups;
3. investigate the predictors and moderators of wellbeing among New Zealanders; and
4. compare the wellbeing of New Zealanders to other nations.

Methods

Study Design and Procedure

The Sovereign New Zealand Wellbeing Index (SNZWI) is a New Zealand wide observational longitudinal study with three separate measurement time points: baseline (T1), Year 2 (T2), and Year 4 (T3). T1 data were collected 26 September 2012 to 25 October 2012[5]. The New Zealand office of TNS global, an international market research company, was contracted to undertake the data collection via a web-based survey methodology[6]. TNS recruited participants from the largest commercial database in New Zealand which has over 400,000 members. An email invitation was sent over three rounds. The email contained a link to the online survey information sheet where individuals could consent to taking part in the research. Individuals were given seven days to respond to the invitation. Once informed consent was given, participants proceeded to complete the online survey, which took approximately 19 minutes (median).

A national wellbeing index can help show New Zealanders' perceptions of society, whether they are happy, if they are using their strengths, and how they are feeling and functioning.

Questionnaire Design

The 134 survey questions included items on wellbeing (87), health and lifestyle (16), and socio-demographic information (31). Wellbeing questions were primarily drawn from Round 6 of the ESS Personal and Social Wellbeing module (European Social Survey, 2012; Huppert et al., 2009), which largely grouped wellbeing topics using the New Economics Foundation's 'National Accounts of Wellbeing Framework', as depicted in Figure 2 overleaf.

4 The Five Ways were developed as the result of a commission by Foresight, the UK government's futures think-tank, as part of the Foresight Project on Mental Capital and Wellbeing.

5 With the two further waves of the SWI planned for September 2014 and September 2016, in the first instance participants from Wave 1 will be invited to participate in the follow-up survey. Any shortfall in numbers will be made up from recruitment of new participants.

6 A duplicate copy of the survey can be viewed at: http://www.mywellbeing.co.nz

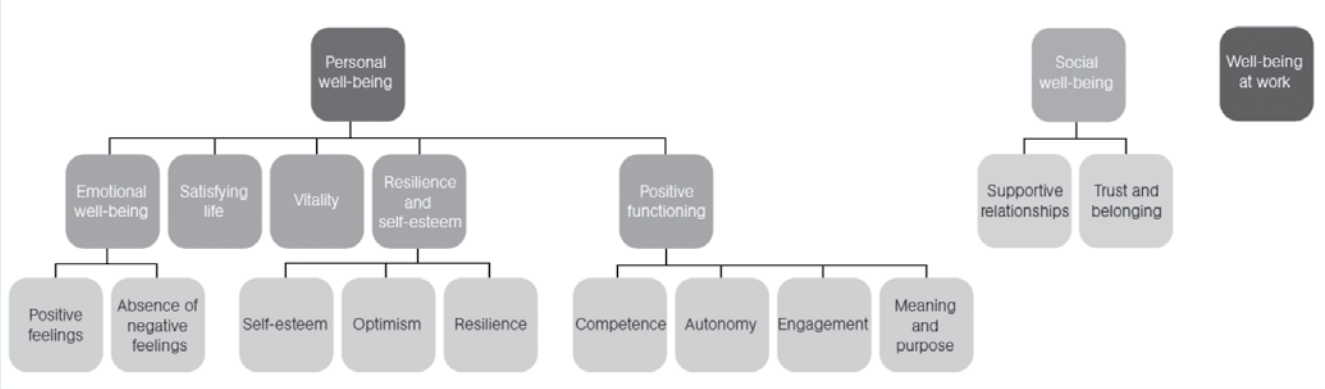

Figure 2. The New Economics Foundation's National Accounts of Wellbeing Framework.

The wellbeing topics assessed included flourishing, emotional wellbeing, life satisfaction, vitality, resilience and self-esteem, positive functioning, social wellbeing, wellbeing at work, life domain wellbeing, and strengths and time use. Health and lifestyle question topics included health conditions, body size, physical activity, nutrition, alcohol, smoking, and energy. Standard demographic and socio-economic questions were also included.

Sample and Response Rate

A nationally representative sample[7] of 38,439 New Zealand adults was invited to participate in T1, of which 10,009 completed the survey (26% complete response rate). Individuals aged over 18 years were eligible to participate in the survey; 47 who completed were younger than 18 years and excluded from data analysis (total sample = 9,962). There were no further exclusion criteria, and answers to each question were optional. The age, gender, and location characteristics of the sample are presented in Tables 1 and 2[8]. (see page 26)

7 In line with the 2006 New Zealand Census: Statistics New Zealand, 2006.
8 See the SWI Technical Manual for sample comparisions to the 2006 New Zealand Census. Caution is needed in interpreting results from regions with small sample sizes.

Results

As of March 2013 the research team are currently analysing the results of the initial Wave 1 data. Preliminary results seem very promising and enlightening. By way of example, some initial results include:

- Older, female, and wealthier New Zealanders on average showed higher flourishing scores[9], and there were only small differences in average flourishing between ethnic groups (NZ European higher than Asian) and regions across New Zealand.
- About one in two New Zealanders reported meaningful depressed mood[10]. This was higher for young people; two out of three had a depressed mood.
- Perceived social position was a powerful indicator of wellbeing with those higher on the social ladder experiencing much higher wellbeing.
- The Five Winning Ways to Wellbeing were all strongly associated with higher wellbeing. People who socially connected with others (Connect), gave time and resources to others (Give), were able to appreciate and take notice of things around them (Take notice), were learning new things in their life (Keep learning), and were physically active (Be active) experienced higher levels of wellbeing.
- We looked at the 20% of the population with the highest wellbeing scores and examined what factors defined this group (which we deemed to have 'super wellbeing') from the rest of the population. Females were 1.4 times more likely to be in the super wellbeing group than males. More older, higher income, and higher social position New Zealander were in the super wellbeing group.
- Connecting, Giving, Taking notice, Keeping learning, and Being active were all strongly associated with super wellbeing.
- Other health measures were also strongly associated with super wellbeing and included better overall general health, non-smokers, exercisers, and those with healthier diets and weights were all more likely to experience super wellbeing.
- When compared with 22 European countries using the same population measures, New Zealand consistently ranks near

9 As measured with the Flourishing Scale: Diener, Wirtz, Tov, Kim-Prieto, Choi, Oishi, & Biswas-Diener, 2010.
10 As measured with the Centre for Epidemiological Studies 8 item Depression Scale: Van de Velde, Levecque, & Bracke, 2009.

Table 1
Sample age and gender

Age	Male	Female	Gender unknown	Total
18-20	108 (1.1%)	117 (1.2%)	4	229 (2.3%)
20-29	731 (7.3%)	1178 (11.8%)	3	1912 (19.2%)
30-39	681 (6.8%)	843 (8.5%)	2	1526 (15.3%)
40-49	683 (6.9%)	784 (7.9%)	1	1468 (14.7%)
50-59	715 (7.2%)	648 (6.5%)	0	1363 (13.7%)
60-69	705 (7.1%)	661 (6.6%)	1	1367 (13.7%)
70-79	322 (3.2%)	179 (1.8%)	0	501 (5.0%)
80+	51 (0.5%)	3 (0.0%)	0	54 (0.5%)
Age unknown	698 (7.0%)	789 (7.9%)	55	1542 (15.5%)
Total	4694 (47.1%)	5202 (52.2%)	66 (0.1%)	9962 (100%)

Table 2
Sample gender and location

Location	Male	Female	Gender unknown	Total
Northland	153 (3.3%)	148 (2.8%)	1	302 (3.0%)
Auckland	1544 (32.9%)	1609 (30.9%)	16	3169 (31.8%)
Waikato	369 (7.9%)	403 (7.7%)	2	774 (7.8%)
Bay of Plenty	281 (6.0%)	290 (5.6%)	1	572 (5.7%)
Gisborne	23 (0.5%)	49 (0.9%)	0	72 (0.7%)
Hawkes Bay	166 (3.5%)	166 (3.2%)	0	332 (3.3%)
Taranaki	99 (2.1%)	99 (1.9%)	1	199 (2.0%)
Manawatu – Whanganui	261 (5.6%)	340 (6.5%)	2	603 (6.1%)
Wellington	596 (12.7%)	658 (12.6%)	5	1259 (12.6%)
Tasman	76 (1.6%)	105 (2.0%)	0	181 (1.8%)
Marlborough	59 (1.3%)	68 (1.3%)	1	128 (1.3%)
West Coast	27 (0.6%)	45 (0.9%)	1	73 (0.7%)
Canterbury	635 (13.5%)	729 (14.0%)	3	1367 (13.7%)
Otago	284 (6.0%)	364 (7.0%)	0	648 (6.5%)
Southland	81 (1.7%)	107 (2.1%)	0	188 (1.9%)
Region unknown	41 (0.9%)	23 (0.4%)	31	95 (0.9%)
Total	4695 (47.1%)	5203 (52.2%)	64 (0.64%)	9962 (100%)

the bottom of the ranking in both personal and social wellbeing. New Zealand is well behind the Scandinavian countries that lead these measures.

- New Zealand ranks 17th in Personal wellbeing and 22nd in Social wellbeing.
- Further exploration of our worse ranked social wellbeing indicator "Feeling close to people local area" showed considerable variation across the country with the major cities scoring worst with Auckland at the top. Regional areas fared somewhat better. Younger people and NZ European New Zealanders scored lowest.

By the time of this publication of *Psychology Aotearoa*, a full overview of these results will be available in SNZWI the executive report available at http://www.mywellbeing.co.nz

Females were 1.4 times more likely to be in the super wellbeing group than males. More older, higher income, and higher social position New Zealanders were in the super wellbeing group.

Into the Future

New Zealanders make choices everyday about their wellbeing. These are both personal choices as well as democratic choices about public policy and action at the local and national levels. It is our vision that the SNZWI can help frame both personal choices and public policy and action in New Zealand. This underpins the idea that psychological wealth and personal resources can be utilised to improve these determinants of our wellbeing.

The Sovereign Wellbeing Index will continue to monitor the wellbeing of New Zealanders over the next four years. We plan to follow up some of the participants in this nationally representative cohort to see how their wellbeing changes with time as well as continue to run this national index and benchmark indicators against European countries. As such, the research team are keen to develop partnerships and collaborations that can make the most use of this data – both in an academic sense, and in an applied 'real world' sense. If you are interested, please email: kate.white@aut.ac.nz

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E-Professionalism: Usage of Social Network Sites by Psychological Professionals in Training

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Abstract

Many social network sites (SNS) can be found online, with facebook arguably being the most prominent of these web services. International media coverage has illustrated the potential perils that usage of SNS can present in terms of personal safety, professional reputation, and the representation of one's profession. Using a specific New Zealand incident as precedence, this paper aims to examine the concept of SNS and outline the risks relating to privacy and safety for people engaged in professional training. We describe international research literature and outline how professional behaviour online, so-called e-professionalism, is dealt with in New Zealand institutions preparing students and trainees for professional positions. Guidelines were developed to assist psychological training institutions and their trainees in promoting responsible online self-representation amongst their graduates.

Key words: Social Network Sites, Professionalism, E-professionalism, Internet, Training.

The New Zealand context and e-professionalism

According to the latest reports of the *World Internet Project*, the rate of internet users in New Zealand (83%) is comparable to the highest rates found internationally, including the United States (78%) and Sweden (80%; Pierce, 2010; Smith, P., et al., 2010). The New Zealand project found that almost half of New Zealand's internet users frequently visit SNS and half also reported posting online messages, videos, or images. Three quarters of SNS users named *facebook* as the site they used most often, followed by *bebo* (18%); 45% of SNS users in New Zealand accessed the sites daily. Also, 52% of these internet users stated that contact with those in their profession had increased as a result of internet communication. However, alongside these benefits runs a parallel argument advising caution in the use of the internet and SNS by New Zealand professionals.

An example of the perils of young professionals posting on SNS was recently reported in the national press ("Photos of sailors", 2010). Junior soldiers within the Royal New Zealand Navy had posted photos of themselves in uniform posing with guns on the social network site *bebo*. When the photos were publicized, Navy representatives asked those who posted the photos to remove them from public view. In the media interviews following the incident, defence communications director Lieutenant Commander Bradshaw focused primarily on two issues when judging the sailors' actions, firstly safety and secondly the appropriateness of the photos. With regard to safety, Bradshaw pointed out that the trainees were "not giving away state secrets" (yahoo!xtra news, "Photo of sailors with guns 'disappoints' navy", para. 10) and were handling the weapons safely ("magazines in the guns not ammunition", para. 10; "their fingers are outside the trigger guards, so they're not doing anything unsafe", para. 11). Regarding the appropriateness of the photos he stated that the Navy felt "disappointed" and that "It's not the sort of thing that we'd like our people to be representing" (both para. 13). Discussing disciplinary action, Bradshaw said that it was asked for the images to be removed as the first step in the defence force's policy and reported that "there's no point going in heavy handed" (para. 6). Overall, Bradshaw commented how postings on SNS were "an issue that lot of organisations were struggling with" (para. 4).

This incident illustrates the case of a professional trainee crossing the line between private and public self-representation on a SNS, and in the process potentially causing harm to both his own reputation and that of his profession. E-professionalism has been coined as a term for professional behaviour on the internet. The described episode and similar incidents have sparked

international interest in the topic of e-professionalism, especially with regards to SNS usage, which has resulted in an emerging international research literature describing SNS, their associated risks, and the concept of e-professionalism.

Social network sites and related risks

SNS invite internet users to create an online profile (containing various amounts of personal information, photos, etc.) and to engage in social exchange with other members of the SNS. Users can become "friends" with other users, send and receive messages (public or private), comment publicly on another person's profile site, and create specific subgroups (such as "Stanford College 2008" or "Julie's 21st birthday"). Profiles are openly displayed if not protected by user-specific privacy settings.

Three quarters of SNS users named facebook as the site they used most often, followed by bebo (18%); 45% of SNS users in New Zealand accessed the sites daily.

Despite, or maybe because of, the popularity of SNS, there are some caveats for its users, central to which is the perception of online privacy. Research has suggested that for most users, creating an online connection to another member is conditional upon having already established some form of offline tie (Boyd & Ellison, 2009; Ellison, Steinfield, & Lampe, 2007). However, user profiles can usually be viewed by loosely connected members, such as "friends of friends". In addition, unprotected profiles can be accessed by any SNS member and, as to our knowledge, SNS or their users have no tool to monitor passive traffic on one's profile. It thus becomes apparent that a person's perception of "privacy" does not necessarily correspond to the reality of these sites. On the other hand, some people also willingly increase traffic on their profiles. Online social networking is often used as a form of self-portrayal and impression management; for example, some people add strangers as "friends" in order to appear more popular on their SNS, potentially because other users are able to review how many "friends" each user has (Andrews, 2006).

But what are the risks of an unprotected profile? Even though portrayed as a meeting place with friends, SNS have some features that clearly differentiate them from offline social situations like a casual catch-up with friends or a school's reunion. First of all, as pointed out above, what a person posts online has to be considered public content even if not intended as such. Therefore, thoughtless online comments or provoking images can have serious offline consequences: As Andrews described, "(...) about a third of employers screen job candidates using search engines like *Google*, while 11.5 percent said that they look at social network sites" (p. 6). This number is likely to have risen in the last years given the increased usage of the internet in general and SNS in particular. In addition, every online move leaves a permanent trace and can be accessed at any given point—quoting Rosenblum (2007): "next-day damage control is almost impossible" (p. 46).

A related issue is that private information about a person can be externally stored and used, removed from its original context. One example is the widespread use of personal online information by corporate companies, for example with specified ads based on frequently used key-words (as employed by *Gmail* for example, the email service provided by *Google* [1]). Other examples include the often highly publicised cases were adult males are portrayed as grooming teenagers online for sexual offences by presenting themselves as minors on SNS (see Ost, 2009, for an academic discussion of the issue).

Online social networking is often used as a form of self-portrayal and impression management; for example, some people add strangers as "friends" in order to appear more popular on their SNS…

Research by Dwyer, Hiltz, and Passerini (2007) found that *myspace* and *facebook* users expressed increasing concern about their online privacy, but this was reportedly not reflected in their online behaviours. Instead, over 90% of *facebook* users in this study displayed their real name, their email address, hometown, and a photograph of themselves on their profile. However, with the increased incorporation of online applications into every-day life, internet users will have to gain an understanding of privacy issues in SNS.

Specific risks of SNS for professionals in training

As the case example of the New Zealand sailors illustrates, usage of SNS by professionals is of interest to both the individual and their discipline. In the context of this article, professionals are understood as people with a position of public trust, such as in securing national and international safety or in a client-oriented profession that is characterised by confidentiality.

This applies but is not limited to people trained in clinical psychology, law, medicine, and education, or governmental institutions.

1 See Ads in Gmail and Your Personal Data, https://support.google.com/mail/bin/answer.py?hl=en&answer=6603

For professionals, online self-representation is not only about the private person but also affects their professional reputation. Hence, usage of SNS has to be evaluated according to two major issues: (1) The maintenance of personal safety and the professional image of the individual, and (2) the maintenance of the reputation of one's profession. Identifiable information posted online can have negative impacts for a person, for example considering address details in the hands of a client who wants to "pay back" a clinical psychologist for an unfavourable report. On the other hand, a SNS profile of a policeman including pictures of him taking drugs and drinking heavily at a social occasion can reflect negatively on public perceptions of the police.

Overall, it needs to be defined what is acceptable online behaviour for a professional and what risks are related to one's online actions. This is especially relevant for professionals in training at the moment who a) have to deal with a blurred border between a student and a professional identity in general, and b) have had a longer life-time exposure to the internet than the current professional body and will most likely have an online profile on at least one SNS.

Current research on SNS usage by professionals in training

In the past years, research activity regarding SNS usage by professionals has increased, especially with a focus on health students. However, no study examining the role of e-professionalism for psychologists was identified.

Cain (2008) conducted a review of online social network issues within academia and pharmacy education, using both lay press and academic publications. He highlighted that the two central risks involved with students' use of SNS are (1) that students are open to public scrutiny of their online personas, and (2) that by revealing personal information students may risk their physical safety. Overall, Cain concluded that students in higher education are not fully aware of the importance of protecting their personal identity (for maintaining safety and privacy) or of the importance of projecting a professionally appropriate online persona (in protecting their academic and professional careers).

In medical science, Thompson et al. (2008) examined usage of the SNS *facebook* by medical students in a US university (n = 501) and medical residents at the related hospital (n = 302). Searching for their names on *facebook*, Thompson et al. found that 44.5% of the medical trainees had an account, most of which included at least one form of personal information on their profile, such as field of study (80%) or a home address (6%). Only just over one third of students listed their profile as private. The authors also found evidence of content that could be interpreted negatively, such as photographs with alcohol, as well as content deemed "unprofessional" including drunkenness, overt sexuality, and foul language.

Chretien, Greysen, Chretien, and Kind (2009) surveyed deans of US medical schools (n = 78) regarding their experiences of online posting of unprofessional content by medical students. Using an anonymous electronic survey, they found that 60% of the respondents reported incidents of students posting inappropriate content. Commonly reported subject matters included use of profanity (52%), discriminatory language (48%), depiction of intoxication (39%), and sexually suggestive material (38%). Serious concerns such as violations of patient confidentiality (13%) and conflicts of interest (4%) were less frequently reported but nevertheless present. When asked about disciplinary actions, informal warnings were the most commonly reported (67%); alternate responses included taking no action (16%), formal disciplinary meetings (27%), temporary suspension (2%), and student dismissal (7%). Only about forty percent of school deans reported that they had policies that covered online posting by students. Schools that had such policies in place were more likely to have reported incidents of unprofessional online posting by students, and reported higher ratings of concern with regard to this issue. The authors concluded that while many medical schools had experienced incidents of students posting unprofessional content online, most did not have adequate policies and practices in place to sufficiently address this issue.

Overall, it needs to be defined what is acceptable online behaviour for a professional and what risks are related to one's online actions. This is especially relevant for professionals in training…

There is not only lack of awareness and response amongst professional institutions but also amongst students themselves. Cain, Scott, and Akers (2009) investigated *facebook* usage among first-year pharmacy students (n = 299) at three US universities. They found high SNS usage amongst their study group (88%). The survey revealed that approximately one third admitted to having posted information that they would not want faculty members, employers, and patients accessing. Interestingly, the majority of students (69.3%) agreed that professionals in training should be held to higher standards than others with regard to the profile that they

present on *facebook*. Following a presentation about e-professionalism issues with *facebook*, over half of students who used this social network reported that they intended on making changes in the way they used *facebook* in the future. Based on this finding the researchers concluded that many of the students surveyed were not previously aware of the potential issues that could arise from being overly transparent on SNS.

The presented studies have revealed the importance of integrating professional self-representation on the internet into exiting guidelines about professionalism. Cain et al. argued that e-professionalism training should be offered alongside traditional professionalism training to inform students about the potential problems linked to over-transparency on the internet, particularly their "threats to privacy, security, and professional image" (p. 6). For medical science, T. Gorrindo, Groves, and Gorrindo (2008) called for a discussion of the issue on a higher level beyond single institutions to allow for the production of general e-professionalism guidelines by organising and accrediting medical bodies.

New Zealand guidelines regarding e-professionalism

In order to provide recommendations for the development of e-professionalism guidelines for psychologists and psychologists in training, a review on existing national regulations in the New Zealand context was conducted. The authors of this paper approached a subsample of professional institutions: a University (regarding training in law, clinical psychology, and accounting), the Department of Corrections (who provided information outlining the regulations for all government agencies), and the military, including the Royal New Zealand Navy and Air Force.

University

In the academic environment[2], no information was available regarding issues of professionalism in the School of Law and the School of Accounting. In the University's *Guide for Students* in clinical psychology, students were reminded about a "natural sense of decorum" which was mostly defined in terms of social interactions with others. Clinical students receive some training in professional behaviour in their work with clients; their evaluation criteria in clinical internships include "professional behaviour" (referring to appropriate communication with clients and colleagues), understandings of ethics, independence, reliability, organising workload and managing priorities, and self-reflection. Students also receive an extensive introduction to ethical behaviour as a clinical psychologist, based on the *Code of Ethics for Psychologists Working in New Zealand* (New Zealand Psychological Society, 2002). The Code entails principles to encourage self-reflection as a professional and provides some general behaviour guidelines, mostly directly related to the work as a psychologist. Nevertheless, at no point in the Code, handbook. or training material is there any reference to online self-representation, neither in general nor in regards to SNS.

State Agencies

The Department of Corrections as well as other governmental agencies are regulated by the States Service Commission (2009) which includes specific regulations regarding media use. Here, the rights and obligations of state servants when using SNS are outlined in the section Standards of Integrity and Conduct. Attention is drawn to the section about being "trustworthy" (para. 5), which states "we must avoid any activities, work or non-work that may harm the reputation of our organisation or of the State Services" (para. 5); this specifically includes a request for political neutrality.

With regards to SNS, it is recognised in the Standards that state servants might use social media as a representative of their agency or in a private capacity. In terms of acting as an agency representative, it is recommended that state servants apply the same protocols using social media as they would when interacting with the media or speaking at conferences. Good practice dictates that one should disclose their position and the fact that they are acting as a representative of their agency. In addition it is highlighted that an individual should only disclose information, make commitments, or engage in activities with required authorisation. A reminder is given in the Standards about the permanence of comments when made public and that they can be reproduced in other media. In addition to the Standards, there are also governmental web standards how to monitor online content (Department of Internal Affairs, n.d.).

In terms of using social media in a private capacity, it is highlighted that state servants have the right of free speech that is available to all New Zealanders. However, as a state servant the standards point to additional obligations which require that one must not disclose agency material unless specifically authorised to, or act in a way "which could harm the reputation of your agency or the state services" (para. 5). State servants are required to indicate that their postings

2 The identity of the university remains anonymous for the purpose of this research. These documents are available on request from the author.

are made as a private individual and not an agency representative when there is uncertainty about the capacity in which the individual is acting. Comments made about matters of government policy are required to be "appropriate to the agency role you hold" (para. 5) and the need to respect the maintenance of politically neutral State Services.

Military

Lieutenant Commander Bradshaw, as the naval media representative featuring in the introductory scenario described above, was approached regarding navy and general military regulations. In summary, he stated that military personnel are bound to the defence-wide core values and the associated behaviours, which define and require a certain level of professionalism. In addition, the New Zealand defence forces are reportedly in the process of developing a social media guidance policy, which will refer to the military internet representation as a professional institution as well as private internet usage by its personnel. Here, evaluation criteria are personal safety for personnel (for example, identifying information might endanger the person or their family members), operational security (for example, information about specific missions), and reputational (for the individual as well as the defence force in general). Air force personnel also confirmed the existence of general guidelines regarding security and operation security, such as a general request to abstain from mentioning locations or timings and from the release of photos of assets, exercises, and places referring to the defence force when posting 'updates' on SNS. There was also mention of more specific messages regarding usage of SNS but none of these were available for public release at the time of preparing this paper.

Summary and Guidelines for Usage of Social Network Sites by Professionals in Training

Overall, it appears that all institutions approached had some general guidelines about professional behaviour. However, specific guidelines on internet self-representation only seem to be available (or will be available in the near future) once a person entered professional employment. As this information is not available for professionals in academic training, they are consequently not prepared for a responsible internet self-representation. On the other hand, as reported by Chretien et al. (2009), incidents of disciplinary actions for unprofessional internet conduct by students are occurring. However, as Cain et al. (2009) summarised, students cannot be expected to learn about appropriate professional behaviour in absence of "significant instruction, mentoring, and enculturation into the profession" (p. 5).

Trainee professionals should have a clear conception of what behaviour is expected from them and for the reasons that are underlying these expectations. It needs to be integrated in the curriculum of professional training…

Haidet (2008) has highlighted the "accelerating interest" (p. 1118) in the area of professionalism in the medical field, with a remarkable increase in related publications. He notes that this literature has shifted its focus from the definition of professionalism, toward developing the processes that encourage the development of professionalism amongst physicians and trainees. Here, he outlines the importance of "self-reflection" (p. 1118) as a crucial pathway to the development of professionalism, but also states that "professionalism is as much a product of the system as it is of the individual" (p. 1119).

In reflecting upon the profession of psychology, the above review both points to the lack of any psychology-specific research or example guidelines on e-professionalism as well as reveals the institutional need for these. In response to this, we suggest the following approaches for the development of guidelines for usage of SNS by professionals in training:

Understanding of professionalism in general. Trainee professionals should have a clear conception of what behaviour is expected from them and for the reasons that are underlying these expectations. It needs to be integrated in the curriculum of professional training a) what behaviours are appropriate and inappropriate with regards to their work role, and b) how this applies to the private lives of students. According to the nature of the training, it is recommended to provide a wider context of professional behaviour, for example with regards to social and ethical responsibilities (e.g., in law, police, clinical psychology) or politics and international relationships (e.g., defence forces).

Understanding of e-professionalism. Within professional training, specific coverage should be given with regards to the application of professionalism applied to online self-representation. As outlined in this essay, SNS provide specific risks for one's safety and professional reputations that need to be understood by the trainees. Furthermore, there are other potential internet pitfalls for professionals, such as public blogs or comments on hot topics, or even opening one's hard-drive for external file sharing. We argue that a responsible training

institution should be responsive to the current technological era and inform trainees about the risks of the internet and appropriate and inappropriate online behaviours.

Specific guidelines. Each institution should conceptualise their understanding of professionalism and e-professionalism in writing, including specific guidelines regarding trainees' expected behaviours in their work and private lives. It is recommended to incorporate them in a written contract between students and institutions. We consider the *New Zealand State Services Guidelines* (States Service Commission, 2009) as a good starting point. Consequently, it can be expected that students have a clear understanding of breaches of professional behaviour.

Disciplinary action. Institutions should also outline the disciplinary process that will be undertaken should breaches of e-professionalism be detected. Disciplinary action should only occur if trainees have had the specific guidelines associated with e-professionalism communicated to them. Clear procedures should be operationalised, and these should include what disciplinary actions are linked to breaches of professionalism. In that way, students are aware of the continuum of seriousness underlying breaches of professionalism.

Higher-order regulations. It is apparent in this essay that different professions have different requirements and safety regulations. It is recommended that each profession should develop their understanding of professionalism and e-professionalism at a macro-level. By developing and employing regulations across the board for each profession, a standard level of e-professionalism could be communicated to all graduates in their discipline.

Conclusion

As we move further into the digital age social networking encroaches on people's every-day lives. However, individuals working in professional positions must consider the potential risks in using SNS. Such risks, including threats to personal safety, privacy, professional reputation, and the reputation of the profession, are increasingly coming to the forefront of both media and academic attention. This essay described specific issues relating to the use of SNS by professionals in training based on a New Zealand case example, a review of the international research literature, and current New Zealand professional organisational principles. Following this, specific approaches for the development of guidelines for usage of SNS by psychological professionals in training were recommended. These five guidelines focus on enhancing an understanding of professionalism in general and e-professionalism in particular. From here the focus should be on developing specific guidelines and expectations with regard to SNS use, and also outline disciplinary action should they not be adhered to. Finally, it is recommended to employ these guidelines on a profession-wide level. The implementation of such e-professionalism guidelines will benefit psychological organisations developing such guidelines, as well as trainees embarking on their professional careers in psychology.

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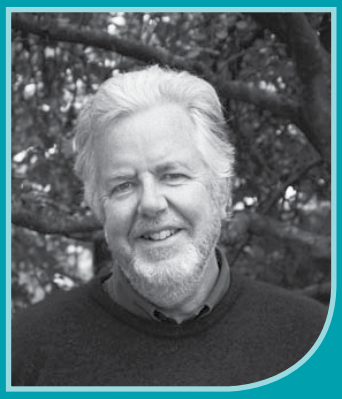
Expert Witnesses in the

Emily Henderson and Fred Seymour

Emily Henderson, PhD, is a lawyer and legal researcher. She has practiced as a litigator in the civil courts, the Family Court and, most recently, in the criminal court as a Crown prosecutor. She co-authored the 2010 report into the situation of child witnesses in the New Zealand criminal courts. She is an Honorary Research Fellow of the Department of Psychology at Auckland University and is the current New Zealand Law Foundation International Research Fellow and a Visiting Fellow of Clare Hall, Cambridge.



Fred Seymour, PhD, is a professor and Director of the clinical psychology programme at The University of Auckland. He maintains a private practice that includes work as an expert witness in the Family Court and criminal courts in relation to child abuse allegations. Before joining Auckland University in 1988, he worked in several child and family mental health agencies. He is a former President of NZPsS, and recent member of the Psychologists Board.

Psychologists and other health professionals have an important place in the New Zealand justice system as expert witnesses, yet lawyers report that it can be difficult to persuade an expert to appear for a client in criminal trials, and psychologists themselves report reluctance to appear in either the criminal or Family Courts. However, a study just published on the New Zealand Law Foundation website, *Expert Witnesses under Examination in the New Zealand Criminal and Family Courts*, suggests that many of the problems with expert witnesses could be solved by making some reasonably straightforward changes to practice. We interviewed 27 experienced experts in sexual assault and child abuse and neglect who appear in our courts on an on-going basis. Experts included psychologists, paediatricians, and DSAC doctors. Subsequently we interviewed six lawyers, and spoke with several District Court judges. In the following we summarise some of the main points that emerged from the interviews with experts.

Expert witnesses expressed dissatisfaction with the courts' approach to their evidence and indicated a desire for reform of the current process. Particularly challenging to experts was the adversarial nature of the court process. In relation to criminal trials, a few expressed concerns that the system of partisan appointments exerts subtle pressure on experts to "join the team", and a very few expressed concerns about more overt kinds of pressure exerted by some defence counsel (but not by prosecutors). Those with experience in the Family Court commented that they prefer to be court-appointed, as court-appointees are not subject to such pressure.

The experts attributed their colleagues' reluctance to appear as expert witnesses in criminal trials largely as a result of fear of its aggressive and combative nature. Most described their own experience of court as stressful and unpleasant. They reported that stress decreased their ability to give their evidence as fully or clearly as they would otherwise have liked. Training clearly reduced stress, especially in initial appearances, but training opportunities are rare, except in the case of Doctors for Sexual Abuse care (DSAC) experts. Further issues which caused the expert witnesses stress were the time required for the work on top of their normal case loads, and the frequent delays and re-scheduling of their appearances.

Criminal and Family Courts

Lack of briefing was one of the major complaints. The importance experts placed on briefing included the opportunity for the lawyer to explain the court process to them (something very few ever do) but also as a forum for the expert to explain the evidence to the lawyer and therefore enhance the way evidence is elicited. They said that it is usual for prosecutors to brief "for 15 minutes at the courtroom door", which they regarded as extremely insufficient.

Experts generally regarded cross-examination as a poor investigative technique. It was labelled "word-games" and "trickery" with many saying that they had had encounters where their evidence was obstructed or misrepresented under cross-examination. This tended to affect the inexperienced witness worst. Many experts, in fact, reported that through experience or training they have learnt how to combat many cross-examination techniques. Expert witnesses also criticised some cross-examining lawyers for not understanding the evidence, for pursuing irrelevancies and failing to identify valid issues.

Many experts called for greater cooperation between opposing experts, and were concerned over the lack of compliance with Schedule Four of the High Court Rules, which they considered binding on them in the criminal as well as civil courts. While it was clear that the process of critiquing a report can be stressful, they were generally committed to the concept of a collaborative approach. They were frustrated by the way in which the Schedule Four requirements that experts meet and produce a joint report are ignored in the criminal court.

The experts expressed strong doubts about the jury's competence and there were widespread criticisms of lawyers' and judges' understanding of their evidence. Furthermore, experts believe that decision-makers (judges and juries) in evaluating experts and expert evidence are influenced by irrelevant factors including the experts' clothing, appearance and demeanour, and especially their calmness and confidence. Most experts consciously adopt a persona in court, adjusting their clothing and demeanour, in order to be better accepted by the decision-makers.

Experts described strategies that they adopted to improve their ability to perform in court, and reduce stress. Many experts try to become self-sufficient and to manage their own testimony. This typically extends to arranging for proper briefing and learning the relevant law so that, for example, they are not caught out under examination when the lawyer asks for inadmissible information. Some few also insist on certain dates or times for their appearances.

Training in courtroom skills was perhaps the most desired self-help measure, but for many training had not been available. Training increased their confidence, the quality of their report-writing and evidence-giving, and also their understanding of their ethical responsibilities. The experts urged that training in courtroom skills be made available to more experts, or even that it be compulsory.

As lawyers almost never debrief with experts afterwards, and as few ever obtain transcripts of their evidence, collegial support networks and systems of peer review were also very important in coping with and learning from courtroom experiences. Peer review was also well-regarded as a means of quality control.

The experts also endorsed changes to the way in which experts are appointed, with suggestions that the criminal courts follow the Family Court and appoint experts themselves in the first instance. This, they felt would both free experts from covert pressure to take a side and lift the current suspicion that they believe some courts harbour that all experts are partisan when generally they strive hard to remain neutral.

Remote participation via video-conference was regarded as a viable way to cut travel to distant courts and as a way to cut waiting times even at local courts, but met with mixed reactions from the experts. Some were concerned that evidence delivered via screen would be less well-received by juries.

The full report, available on the Law Foundation website, also suggests ways lawyers and judges may adapt their current practice to improve the quality of expert witness evidence in the courts. Recommendations for reform of the court system itself are also presented. For psychologists in particular, this investigation gives emphasis to the need for more readily available training, and for stronger systems of peer support similar to those available to DSAC expert witnesses.

For the record: the pre-history of student counselling and guidance in New Zealand - Part I

A.J.W. Taylor PhD

J.W. (Tony) Taylor PhD is an Emeritus Professor of Psychology at Victoria University of Wellington. A Britisher by birth, after service in the Royal Navy in World War 2, he trained as a Probation Officer at the London School of Economics and Political Science and the Home Office Rainer House in Chelsea. He migrated to New Zealand to join the Department of Justice in 1951, and undertook more university part-time courses to become a prison psychologist and further training to become a psychotherapist. In 1961 he moved into academia, but maintained professional links with the prison service and established concurrent clinical and teaching links with the Department of Psychiatry at Wellington Hospital. He started the very first counselling service for university students in the country, and also became involved with the selection and performance of people for Volunteer Service Abroad (Taylor, 1959) and Antarctic winter-over crews. Following the 1979 DC10 Air NZ crash on Mt Erebus in Antarctica, he extended his clinical and research interests to include the disaster stress of emergency personnel involved in body-handling. After retirement in 1992, he created a small stress/trauma practice, revived his interest in crime and delinquency, and broadened his concern for victims to include victims of crime (cf. Taylor, 2009). He has over 290 publications on topics that range from criminality, the effects of isolation, psychopathology, and disaster work. He has received a number of prestigious awards that include a Docteur Honoris Causa from the University of Reims, and a Companionship of the Royal Society of New Zealand.

This paper is published in two parts. Part II will appear in the November edition of Psychology Aotearoa

Abstract

This paper attributes the advent of formal counselling in New Zealand principally to the work of Thomas Hunter of Victoria College in the late 1920s, and it describes its revival some 40 years later. Although the onset was short-lived, it fuelled the reaction against the mounting eugenics campaign. The revival, in a less contentious climate, took hold and began to flourish independently as a worthy professional and academic domain. Today, no tertiary or secondary educational institution in the country is without its cadre of counsellors. Training courses promote different kinds of intervention for specific conditions and problems, and professional organisations have set appropriate standards for the performance of practitioners. Yet vestiges of the original resistance remain unresolved, and the paucity of empirical research on the many different kinds of counselling needs to be addressed.

This paper touches on factions that held sway about the mainsprings of human behaviour, on 'turf wars' that arose between practising professionals of different disciplines, and the resistance of many academic psychologists to becoming involved in the murky waters of applied psychology.

Introduction

Although psychological counselling of various kinds has long been established at primary, secondary, and tertiary levels of education in some Western countries, its seeding and growth in New Zealand was a comparatively late development (cf. Hermansson, 1999). For that reason, it was thought helpful to document some of the heuristic issues that arose in the 1960s and still linger beneath the framework of theory and practice that exists today. In truth, the growth can be described as having been more pragmatic to meet the needs that students and staff presented, than dependant on any predetermined theory of behaviour.

What follows, is an account of formal student counselling that originated at Victoria College of the University of New Zealand in the 1920s, and resumed there in a more variegated form in the 1960s. Within a few years it spread to all other educational institutions and was adapted and adopted by industry, commerce, and the public services[1].

1 According to Chisholm (2013), there are

The process is described and a brief history given of counselling per se. Then the advent of more general student counselling is detailed, professional clinical support mentioned, epistemological resistance raised, extension to post-disaster work in different cultures touched upon, and reminders given about the inherent obligations of practitioners and academics to validate their performance and improve their work through research.

From time immemorial all sorts of people with cultural authority have offered various kinds of counselling. In the Western tradition for centuries it was typically a pastoral function of the clergy.

A brief history of counselling per se

By definition, psychological counselling is an adaptable procedure in which trained people aim to help others to overcome problems that trouble them and affect their progress and well-being. It lies on the continuum between psychotherapy and general counselling, but differs from both. Unlike psychotherapy, it does not deal with fundamental symptomatology (cf. American Psychiatric Association, 2000) and is therefore less of an intensive and prolonged undertaking. Consequently it requires less training for the designated counsellors, and less of a prolonged commitment from those seeking help. It also differs from psychological counselling that serves the broader purpose of giving advice for solving relatively short-term troublesome problems that arise in the normal course of life.

From time immemorial all sorts of people with cultural authority have offered various kinds of counselling. In the Western tradition for centuries it was typically a pastoral function of the clergy (cf. Hiltner, 1958). With the advent of medicine in the Victorian era, it became an ancillary task of family doctors. At the turn of the 20th century it became a new professional practice when psychology emerged as a distinct academic discipline, particularly in the sphere of education in North America (cf. Sandford, 1962: Hearnshaw, 1964; *Counselling in Schools*, 1967).

In New Zealand, the early 19th century settlers included counselling as a part of social work when they established official and voluntary agencies with which they were familiar in their countries of origin. These included the Presbyterian Social Services, the Salvation Army, and St. Vincent De Paul. Branches of voluntary organisations such as Barnardos, the Blind Foundation, the Crippled Children Society, the Society for the Prevention of Cruelty to Children, and the Prisoners Aid Society followed. Then groups such as Alcoholics Anonymous, Birthright, and the Samaritans came onto the scene to help people with special needs. Similarly, government agencies responsible for the care of neglected and deprived children adopted a welfare role that after World War 2 included the provision of counselling to help their wards to overcome their disadvantages.

For the most part, the different organisations and agencies charted their own courses, set their own standards, raised their own funds, and evaluated their own work. Only in the last 40 years or so have counsellors developed professional organisations to consider their variety of functions, and the training and supervision required to meet them.

The empiricist Thomas Hunter, Professor of Mental and Moral Philosophy and Principal of Victoria College in Wellington, was among the first in the new field when in 1928 he began a Saturday morning clinic to help school pupils overcome barriers to their educational progress. His interest was sparked by strong moves in this country to follow North America in applying eugenics to sectors of the population that were stigmatized for reasons of supposed poor stock and breeding. In so doing, he followed the path that educational psychologist Cyril Burt set in his golden years in London to determine the nature of educational deficits and to remedy them where possible (cf. Hearnshaw, 1979). In this venture, he was ably assisted by Ivan Sutherland (later Senior Lecturer in Charge of the Philosophy Department at Canterbury University), and Ernest Beaglehole (later the first designated Professor of Psychology in the country at the academically upgraded Victoria University).

'Tommy' Hunter left few traces of his work in the clinic, but it had far-reaching effects through his liaison with Deputy-leader of the Opposition Peter Fraser. Parliamentary records show that the arguments of the two men caused the government to withdraw an offensive clause from a Bill that would have sanctioned surgical intervention to curb the procreation of alcoholics, criminals, epileptics, the mentally defective, unemployed, and wayward (Taylor, 2005). On that matter, they won the day against four university college scions of biology and influential administrators/practitioners in education, health, justice, law, and psychiatry. Hunter argued that the State should only conduct the surgery with the properly informed consent of

now more than 3000 counsellors in practice in the country, apart from 'psychologists, psychotherapists, social workers and family therapists, all of whom, in one way or another, provide counseling as part of their therapeutic arsenal'.

the individuals concerned.

Thereafter, counselling seems to have languished until the late 1940s, when the Child Welfare Division of the Education Department changed its tune. Instead of focussing mainly on the physical needs and religious affiliation of children in the care of the state, it placed the emphasis on buttressing their family-life, reforming institutional care, and having staff trained in counselling skills to help the neglected to overcome their emotional and social handicaps. In so doing, it followed the recommendations of the UK Curtis Report (*The Report of the Care of Children Committee*, 1946).[2]

To meet the fresh demand for social work/counsellor training, Peter Fraser (by then Prime Minister of a Labour Government) and Tommy Hunter established the School of Social Science at Victoria University. For a short time social researcher David Marsh came from the University of Nottingham to explore the field and design a new two-year full-time diploma course. W.G. (Bill) Minn, a former Head of Probation Training at the UK Home Office followed: administrative policy was his forte, and social work counsellor training his life-blood. He recruited social psychologist John McCreary for cross-cultural applications, and sociologist/London Tavistock Clinic trained Jim Robb for social casework. With the full support of the government, the triumvirate also provided a series of short residential training courses in counselling for all members of institutional and field staff. Subsequently the government established its own staff-training unit to supervise the implementation of the new custodial care.[3]

In the decades that followed, a few other universities established comparable academic courses, and a few polytechnics mounted less demanding courses for mature students whose life circumstances and responsibilities precluded access for them to the two year full-time course-work that the university qualification required.[4]

The empiricist Thomas Hunter, Professor of Mental and Moral Philosophy and Principal of Victoria College in Wellington, was among the first in the new field when in 1928 he began a Saturday morning clinic to help school pupils overcome barriers to their educational progress.

Meanwhile a revitalised Department of Justice made demands for trained counsellors to work with prisoners and their families. The new Secretary Sam Barnett and his deputy John Robson were determined to do more than continue to lock offenders away until the day of their release (cf. *Crime & the community*, 1964). They brought Probation Inspector P.K. Mayhew from Britain to rebuild the probation service for first offenders, classified prisoners and prisons, improved medical services, introduced psychological services, provided a modicum of education and trade training, formalised the chaplaincy and welfare services, and improved provision for parole. More than that, to reduce family breakdown as a preventive measure against crime, they created a community-based Marriage Guidance counselling service.

The advent of specific student counselling

In the late 1950 flush of post-war expansion, Victoria University established a cadre of student welfare services under the leadership of physicist/Commonwealth Games athlete Ian Boyd. He began by paying attention to medical and recreational needs and to plan for counselling and career advice. But the programme was hastened in 1961 when I was appointed from being a prison psychologist in the Department of Justice and a part-time lecturer, to a full-time lectureship in Ernest Beaglehole's Department of Psychology. Students got wind of my professional background, and sought help informally to overcome sundry personal and interpersonal problems that affected their academic performance. After three years, the additional voluntary load was sufficient to require a full-time appointment, and I was selected for the post. The work grew still more, and a social worker Ruth Swatland was appointed the second student counsellor.[5] Then in 1968 I took a new chair in clinical psychology, and maintained my counselling and psychotherapy interests via the general population via the Psychiatric Unit at Wellington Public Hospital, Arohata Borstal for young women (cf. Taylor, 2009, ch.23), and the Antarctic Division of the Department of Scientific and Industrial Research (cf. Taylor, 1987).

To establish its counselling service, the university adapted a private house on the perimeter of the campus.

2 Although by that time New Zealand was constitutionally independent of Britain, it retained membership of the British Commonwealth - and with it a tendency to share programmes of social reform. Hence the UK Curtis Report (1946) on the negative effects of maternal deprivation on children in institutions, led to a substantial re-examination of official welfare policies in Britain and then in this country. John Bowlby's (1953) report for United Nations endorsed the message.

3 Biestek (1957) was the course handbook. It ran into 12 editions, and is considered one of the modern classics in social work literature.

4 Currently there is said to be over 90 of such courses operating (Chisholm, 2013).

5 To avoid frustration for qualified staff twiddling their thumbs with little to do, I preferred to wait for the demand to grow rather than to recruit staff and have them mark time until the work built up.

The house offered privacy, with a discreet separate entrance and exit, a suitable waiting room with toilet and kitchen facilities, and an interviewing room with comfortable furniture. By arrangement students would telephone for initial appointments, and I would respond by offering a time-slot and inviting them to write something about themselves and get it to me before they came. The arrangement had mutual benefits. It gave students a chance to clarify their thoughts in advance, sometimes to the point of cancelling appointments because they discovered what they needed to do to solve the issue that troubled them. It also gave me a chance to prepare for the first session that lay ahead.

A few students were quite unaware of what ailed them. One young man complained of difficulty in working with others in his tutorial group, but after three sessions he opened up about his father's fear of him making a girl pregnant. The fear made him try to please his father by establishing relationships with males. His father remained unconvinced, and would thrash him with a leather belt when he returned home after an evening out. At this point in the discourse with me, without explanation he shot out of the room. He returned 20 minutes later with a rope that he had his sexual partners bind him and a belt for them to strap him – saying that he now realised the parental link and had no further use for them.

Many shared their consternation by drawing, painting, or writing a poetic stanza or two. On occasion, a student's response was excessive: it amounted to 120 handwritten foolscap pages! At the other extreme a 'mature' student, with a name and an accent that had a familiar ring for me, did not comply. When he arrived, we were both surprised to see each other again - he was a serial rapist I had known in jail, and it became clear that his reason for enrolling at the university was anything but acceptable.

In the event, students came to seek help from all quarters, and they provided an infinite variety of problems that defied easy classification (Taylor, 1965, 1969).[6] Some were trying to disentangle themselves from the rule of difficult and over-demanding parents. One had a father who mocked him for not succeeding in his suicidal attempt. Another, who had written a poem in blood to express his anguish, had a father who blamed me for inviting the young man to write about his situation. Yet another had a father who at week-ends insisted that he put 'men's work' of dynamiting tree stumps for firewood ahead of completing his assignments in chemistry. One student complained that her mother, who was a student belatedly filling a gap in her own education, was intruding on her relationships with boy-friends. Another young woman had trouble in finding time to complete assignments, because every night her Oriental parents required her to go over her day's lecture notes in detail to reassure them that the university was not alienating her from them and their culture. At the other extreme, a young woman could not understand why the matron of her hostel was perturbed because she stayed out all hours at the expense of studying and sleeping. Her mother was an emerging novelist who sought her daughter's help in identifying nefarious characters in the back streets of the city whose biographical details she might incorporate in her writing.

The bulk of student callers included the not unexpected stream of the late-adolescent love-lorn who were trying to restore their equanimity. A young married man had domestic problems with a particular twist. He and his wife were part-time students who took turns on a six-monthly roster either to stay home or to share a paid job. Currently it was his stint to look after the infant, do the housework, do the shopping, and prepare the meals. He complained that when his wife came home, she flopped into a chair to read the newspaper, said nothing about the trouble he had taken to prepare the meals, did not help with the washing-up, nor inquire about his dull day of speaking baby-talk, and gave no thought to his need for adult company and conversation. He was completely unaware of having demonstrated that his parental/partner problem was situational, and quite unrelated to the biological system of the mother, as society at the time generally assumed.

In the late 1950 flush of post-war expansion, Victoria University established a cadre of student welfare services under the leadership of physicist/Commonwealth Games athlete Ian Boyd. He began by paying attention to medical and recreational needs and to plan for counselling and career advice.

Students from overseas came about the difficulties they faced in adapting to New Zealand's culture. Among the most intriguing, was a Fijian student whom a neurologist referred for reassurance that he had no physical problem. The student had sought help at the Public Hospital for a suspected brain disorder that he thought had affected his academic performance. When I asked him about the help he might be given were he back home,

6 See Taylor (1965) for an eightfold summary of the problems that 97 students of different ages presented during 1954, the first year of full-time operation, and the frequency of sessions they required. The problems were categorised as being 'psychosexual, immaturity, undefined emotional, specific academic, family, legal, moral, or social', and sometimes a combination of two or more.

he spoke of a witch-doctor cutting his skin to release the evil spirits and providing him with a medicinal paste to rub over the affected parts. He had brought the paste with him to New Zealand, but found it ineffective. He surmised that the substance had lost its potency because of the ocean crossing. I had a pathologist analyse the paste, and found that it contained coconut paste and tree-bark with no known medicinal properties.

I surmised that the student's belief-system required a person in authority to act authoritatively when called upon. Consequently, I invited him to regard me as his surrogate witch-doctor, without expecting me to use knives and medicine. Suffice to say, he accepted, and he completed his studies satisfactorily. When I reported back to the consultant and his team, it transpired that none had paid attention to the 56 scars on the student's back, and therefore had opened no trail to the history and the witch doctor's cure. The neurologist assured me that in future he and his team would be more thorough in their physical examination of patients, and be more alert for signs of cross-cultural beliefs held by their patients (Taylor, 1968).

Perceptive members of academic staff also made referrals, and the others sometimes created the problems about which students complained. A teacher in the perceptive group referred an able young woman who had submitted an examination paper on a subject quite outside psychology. It consisted entirely of the name Freud repeated five times on every line for 20 pages. On interview, the student had recovered from whatever had troubled her, and she had not the slightest recollection of what she had written. She had geared up well for the examination, but the night before was called back unexpectedly to her responsible part-time job. As a result, she suffered sleep deprivation before taking the morning exam. I saw no reason to enlighten her with the details, but every reason to warn her against overloading herself again. Fortunately, she had done well enough during the previous term to earn a pass mark.

As for the staff in general, unlike primary and secondary school teachers, they had no teacher training. As was the practice, all had been appointed for their formal qualifications and research ability. Some were enthusiastic 'naturals', but others regarded students as brains on stilts, and they made little effort to help them overcome barriers to learning. A few thought their components were more important than any others, and they were quite inconsiderate about the inordinate load of work they were placing on their students. Some modified their behaviour only after I could persuade them to attend seminars on teaching methods that I could get senior and more reasonable members of staff to conduct. One even berated me on philosophical grounds, for responding to a Chaplain's call to get a student from her digs to the emergency ward of the hospital because she had taken an overdose of medication. He thought students, like everyone else, had a right to kill themselves. I could only tell him that I would bear his views in mind if ever he were in such a position. (When I learned that the student belonged to a *folie a quatre* whose existential anomie was obviously in a critical phase, I realised that there were three more members of the group to follow-up).

Part II and references for this article will appear in the next edition of Psychology Aotearoa to be published in November.

Tena koutou katoa,

In this issue we present recent abstracts from Masters and PhD research theses completed in 2011 and 2012. In previous issues of *Psychology Aotearoa*, we provided abstracts of research completed in industrial/organisational psychology (May 2011), community psychology (November 2011) and clinical psychology (November 2012). For the present issue, we continue to focus on research in clinical psychology and include abstracts from Massey University. The aim is to provide information on the range of research which is being conducted at universities in Aotearoa New Zealand, in a form which is valuable for both practitioners and researchers.

Ngā mihi nui,

Michael O'Driscoll, Co-Editor

Massey University

Anstiss, David (MSc, Psychology, endorsed Health Psychology, 2011)
Title: From men to the media and back again: An analysis of mediated help-seeking
Supervisor: Antonia Lyons

Life-expectancy and mortality statistics position the health of western men as in crisis. Not only has popular media facilitated this notion of crisis, the media has played an active role in creating the views that this crisis is 'fact,' that men are unwilling to accept responsibility for their own health, and that change is inconceivable. However, although many men have indeed been found to be reluctant to seek help from these services despite wanting to, instances of seeking help do exist and even occur against a social backdrop that seems to actively deter it. In response, this thesis sought and examined a sample of help-seeking texts, written by men, with the aim of uncovering discourses that might be empowering to men in regards to their health and healthy lifestyles. Two discourses emerged that reflect predominant enactments of western versions of masculinities, particularly hegemonic masculinity. Firstly, the biomedical discourse allows men to position themselves, relative to experts, in a way that appears to elicit health information and control consultation directions. Secondly, the (re)establishing masculinity discourse allows men to position themselves as masculine where their masculinity might be threatened. Implications of these discourses are discussed.

Ashton, Peter Robert (MA, Psychology, 2011)
Title: Stories of Addiction
Supervisor: Andrew Lock

This thesis examines lay understandings of addiction in the context of academic and clinical understandings and how these discourses are encapsulated in the treatment modalities available to persons experiencing addictive behaviour. It examines the tensions that exist in the treatment sector due to diverse 'expert' understandings of the addictive process and the very 'construct' of addiction. Participants' narratives exposed the mutually constitutive nature of lay and professional discourses but also suggested that such use of narratives in clinical settings may have utility in the alleviation of addictive behaviours. However, the predominance of the medical model of addiction within the New Zealand treatment sector, and an increasing focus on highly manualised brief treatment modalities, may not be conducive to solutions that are deemed 'creative' rather than 'corrective' and give 'voice' and credence to the understandings of clients.

Boulle, Mellany (MA, Psychology, 2011)
Title: Changing Perceptions: Interpretation of Songs versus Lyrics with a Domestic Violence Theme
Supervisor: Heather Buttle

Listening to songs is a frequent activity for many people in Western societies. Not only are people exposed to songs in a variety of places, but many people increasingly choose to listen to songs. Some songs are popular despite the antisocial or prosocial nature of the lyrics on important societal topics, as domestic violence. However, both music and lyrics have the power to communicate, and are processed by the human brain at a complex and detailed level. Of interest to the present study is whether people perceive song narratives and messages differently across these two presentations. The present study explored whether people change their perception of songs with domestic violence content as promoting or opposing domestic violence, when listening to the song compared to reading the lyrics without music. Primarily, the present study aimed to explore the self-reported reasons for changes in song interpretation and perception between the two presentations. Twenty-seven adults (18 females and 9 males), aged between 18 and 65 years, participated in the study. Participants were recruited from both the community and a university in Auckland, New Zealand. A survey research design was used to obtain data in relation to each of eight songs with domestic violence content, and a mixed-method of quantitative and qualitative analyses were employed to analyse the data. The data from the present study showed few statistically significant differences in perceptions between the presentations of song versus lyrics in relation to the potentially prosocial and antisocial domestic violence content of songs. However, qualitative analyses showed that the interpretation of song narratives and messages involves information perceived from both music and lyrics, which can influence the perception of songs. The study also found that incongruence between music and lyrics can result in softer perceptions of antisocial lyrics. Thus, people may not find antisocial messages in songs objectionable when the music of those songs in pleasant. Implications for future research are discussed.

Browne, Natasha Jane (MA, Psychology, 2011)
Title: Quality of life for caregivers of a child aged 6-16 years with Autistic Spectrum Disorder and/or an intellectual disability: A comparative study.
Supervisor: Ian Evans

Quality of life for caregivers of children

with autistic spectrum disorder and/or an intellectual disability was compared to quality of life for those caring for a normally developing child. Participants were caregivers of children between 6 - 16 years of age who were divided into two groups: Caregivers of disabled children (Group 1, n = 60) and caregivers of normally developing children (Group 2, n = 13). The research investigated differences of overall quality of life between groups. Within Group One the influence on quality of life for caregivers was investigated in relation to the child's behaviour, level of support the child requires to complete activities of daily living, caregivers marital status, caregivers socio-economic level, and caregivers satisfaction with perceived supports. The Quality of Life Index and the Nisonger Child Behavior Rating Form were used to determine quality of life and problem behaviours. Results showed a difference in overall quality of life between groups. Child's behaviour was found to have a significant relationship with caregiver's quality of life. Satisfaction with perceived supports had a weak relationship to caregiver's quality of life. No statistically significant relationship was found between caregiver's quality of life and the child's activities of daily living requirements, caregiver's marital status or caregiver's socio-economic status. Quality of life for caregivers of developmentally disabled children was shown to be lower than the general population. New Zealand is currently in a state of flux in regards to addressing and refining disability support services. Research that further investigates these results may enhance service delivery and result in better outcomes for those supporting children with a disability.

Fletcher, Amber (MA, Psychology, 2011)

Title: The expectations of experienced and novice clinical psychologists regarding course of change for clients undertaking successful cognitive behavioural psychotherapy.

Supervisor: Ian Evans

The present study explored the expectations of both experienced clinicians and clinical psychology students when predicting the course of change for both a depressed client and an anxious client undertaking successful cognitive behavioural therapy (CBT). Experienced clinicians and clinical psychology students were asked to complete a task based on case study scenarios. A specially designed graph enabled participants to plot scores for three separate measures: an inventory for mood, an inventory for symptoms and a behavioural record of activities. The course of change in psychotherapy, whilst being an important component to understanding the process of outcome in psychotherapy, has received little attention from researchers. Although there has been a growing emphasis on the need to measure outcomes and provide feedback, a unified understanding of the course of change has not been identified. A number of theories have suggested stages of motivation and an individual's likely process of assimilating problematic experiences, however these are largely based on group data, and do not take into account individual characteristics. This study therefore aimed to explore the course of change expected in successful CBT (the dominant theoretical orientation used amongst New Zealand clinicians) to identify the expected change patterns between clinicians and students, and their meaning. It also aimed to identify relationships between mood, symptom and behaviour during the therapeutic process, and determine key aspects that act as a basis for future research in this area. Findings showed that overall participants predicted a gradually declining linear progression, although differences in variance and trends were found between and within the clinician and student groups. Limitations, implications and future directions of this study are also discussed.

Kawakami, Sachiko (MSc, Health Psychology, 2011)

Title: The lived experience of osteoporosis in the male body.

Supervisor: Antonia Lyons, Supervisor

Introduction: Osteoporosis has been medicalised as primarily a women's disease, despite the fact that men are also at risk. Although more attention has been paid to men's health in recent years, we know little about men's experiences regarding being diagnosed with, and living with, osteoporosis. This study was undertaken to address this gap in knowledge and attempted to explore what osteoporosis might mean for masculine identity and ageing. The male body was theorised as the phenomenological body, embodied masculinity integrated with Simone de Beauvoir's critique of gender and framed in her theory of old age. Methods: In-depth individual interviews were undertaken with four voluntary male participants aged between 42 and 86 years old (mean age = 62), diagnosed with osteoporosis 2-6 years previously. Interviews explored their perspectives regarding their body after diagnosis, and how that relates to other aspects of embodied life, including body image, past views, relationships with others and everyday living. Data were analysed using an existential-phenomenological approach, drawing upon Beauvoir's philosophy. Three main themes emerged: body image, body sensation, and body action, all of which together represent embodiment. Results: The medical diagnosis and bone density scan image served for the male participants to reconstruct their body images as fragile (how easy it is to break bones). The men attributed their chronic back pain to osteoporosis after the diagnosis. This led to the restriction of physical activities that they thought of as risky for fractures, which in turn encouraged them to engage in regular exercise. Meanings ascribed to osteoporosis (femininity, fragility, ageing) challenged their masculine identities. Although the participants recognised their bodies as ageing, they worked to retain their unchanging age-less self-identities which were linked to masculinity. Conclusions: Men, like women, reconstructed their body images as fragile after the diagnosis of osteoporosis. However, men endeavoured to sustain dominant versions of masculinity by actively engaging in regular exercise and gendered roles. Findings have implications for health practitioners. Younger men may experience stigma with the construction of a feminised and aged disease. Gender sensitive health promotion and health services can be achieved by understanding the psychological consequences men experience following the diagnosis of osteoporosis.

Silva, Sheila Ayala (MA, Psychology, 2011)

Title: Viewing time and choice reaction time: Exploring its utility with child sex offenders in New Zealand

Supervisor: Mei Williams

This study explores the utility of Viewing Time and Choice Reaction Time in the assessment of child sex offenders in

New Zealand. The assessment of sexual interest remains a challenge for clinicians working with child sex offenders. Child sex offenders are less likely to disclose sexual interest towards children for fear of potential repercussions and these issues become evident when offenders attend treatment for their offending. The efficacy of treatment depends upon having reliable information on the individual's sexual interest. The Plethysmograph assessment has been the most widely used assessment of sexual arousal, but research into the use of alternative assessments that are less intrusive is needed. Participants in this study were 52 child sex offenders who were attending treatment at Te Piriti Special Treatment Unit. Participants were assessed on two occasions with the VT and CRT assessments while they were attending the preparatory stages of the programme. Results indicates that response times are not reliable over time and that these assessments cannot identify child sex offenders according to their level of sexual deviance as determined by the STABLE-2007, or the gender and age of the victims they offended against. The findings, possible explanations, and limitations for this study are discussed and recommendations are given for future research.

Wolland, Kaye (MSc, Psychology, 2011)

Title: A Grounded Theory of Parents' Experiences of Incredible Years Parent Management Training within Whirinaki, a Child and Adolescent Mental Health Service

Supervisor: Cheryl Woolley

This thesis presents an exploration of parent's experiences of Incredible Years Parent Management Training within Whirinaki, Child and Adolescent Mental Health Service, Counties Manukau District Health Board. Nine participants were interviewed and selected based on their attendance at over 50% of the sessions of Incredible Years Parent Management Training groups offered over the course of one year. They had children with symptomology of Attention-Deficit Hyperactivity Disorder and/or Oppositional Defiant Disorder. The sample included both mothers and fathers representing various family compositions. Using grounded theory methodology, a theory was developed which has created an understanding of the processes involved as parents seek to attribute meaning to their child's behaviour. It is anticipated that the findings which emerged from this study will enhance treatment outcomes for parents and create innovation in exploring how systemic strategies could be applied within a Child and Adolescent Mental Health Service framework, to incorporate more efficient service delivery and most importantly further meet the needs of parents and families.

Batten, Jodie Anne MA, Psychology, 2012)

Title: Context matters : women's experiences of depression and of seeking professional help.

Supervisor: Kerry Chamberlain

Most existing research on women and depression takes a realist approach that effectively silences the voices of women and limits our understandings of depression. By engaging with the stories of seven women, recruited from a provincial New Zealand area, this research privileges women's voices. Taking a discourse analytic approach, this research explores how women construct their experiences of depression and of seeking professional help. I take a micro discursive approach in identifying how the women utilise various discursive resources in constructing their accounts of both depression and of seeking professional help. In order to locate these discursive resources within the broader socio-cultural environment, I employ a macro discursive approach drawing on Foucauldian discourse analysis and Davies and Harré's Positioning Theory. Participant's accounts of their depressive experiences change over the course of their journeys. I explore how the women's accounts shift from a contextualised explanatory framework that locates their experiences of depression within the gendered context of their lives, to a medicalised explanatory framework as they enter the professional help arena. This research offers insights into how dominant discursive construction of the 'good' woman/mother dovetail with a biomedical explanation of depression and prevailing discursive constructions around anti-depressant medications. Working together, these discourses effectively silence women's voices, both pathologising and decontextualising women's depressive experiences. Furthermore, I suggest that these dominant discursive resources and practices offer limited ways for women to make sense of their experiences in meaningful and empowering ways. A need for new understandings about women and depression is called for - one grounded in the material-discursive realities of women's gendered lives.

Bellingham, Ashley (MA, Psychology, 2012)

Title: Parents battling their child's anorexia: What is it like for a parent to care for a child with an eating disorder?

Supervisor: Kerry Chamberlain

Anorexia nervosa is a serious and life-threatening mental health issue which needs to be given more attention. Qualitative research on parents' experience in caring for a child with an eating disorder is lacking around the world, and is almost non-existent in New Zealand. Parents of a child with an eating disorder have a huge and difficult role in caring for their child. Resources and facilities for treating eating disorders around the world are limited, and support for carers is minimal, which means the distressing experience of caring for a child with an eating disorder can become more difficult to manage. By giving parents in New Zealand an opportunity to voice their experiences, others may be educated about anorexia nervosa and the experiences of parents. A qualitative approach was employed in this project to explore the experiences of parents in caring for a child with an eating disorder. Twelve parents of nine daughters suffering from anorexia nervosa consented to participate in this research and were interviewed. Interviews were recorded, transcribed and analysed using phenomenological approaches. Descriptive, interpretative and hermeneutic phenomenological methods were drawn on to provide a detailed and in-depth explanation of what it is like for a parent to care for a child with an eating disorder. Analysis revealed that the parents experienced three stages during the struggle for the salvation of their child, which I have labeled the insidious stage, the tenacious stage and the recovery stage. Across the stages it was apparent that the battle against the eating disorder was never-ending, and full of uncertainty, contradiction and emotion. So coping was essential for the physically, emotionally and psychologically exhausted parents. The findings from this research can help raise awareness in society, assist in nationwide education

around eating disorders and contribute to improving parents' experiences of caring for a child with an eating disorder. This research has established a good foundation for understanding the experiences of New Zealand parents, regarding what it is like to care for a child with an eating disorder.

Connor, Geneva (MA, Psychology, 2012)
Title: iAnorexic: A Body Politics of Pro-Anorexia and Cyborgs
Supevisor: Leigh Coombes

The pro-anorexia movement online is a topic of much contention in medical, psychological and public arenas. While psychology has located the source of Anorexia Nervosa within the individual, taking up a historically, socially and culturally contextual perspective enables an understanding of pro-anorexia through the genealogical examination of anorexia, women's embodiment, social movements and technologies. What emerges is the production of a pro-anorexic cyborg, lived both metaphorically and literally by modern Western women experiencing anorexia. Examining the textual content of online pro-anorexia communities allows for a discursive analysis of the complex pro-anorexic voice. What this voice constructs is female embodiment characterised by multiplicity, contradiction, information, connection, blurred boundaries, disrupted dualisms, non-innocence, simulated consciousness and political resistance lived through a troubled, biologically restricted female body. Through the use of cyborg metaphor, this thesis argues that pro-anorexia online is fervent resistance to patriarchal femininity in a way that produces tolerable female embodiment.

De Vries, Ivor (MPsych, 2012)
Title: In search of the master therapist: Emotional competence and client outcome
Supervisors: Shane Harvey / Don Baken

Psychotherapy for clients is an interpersonal, often emotional, process facilitated under guidance from their therapist. Whilst the literature offers some tantalising clues as to which therapist-emotional qualities are beneficial for establishing good working relationships, which tend to lead to positive client change, little is known about which specific emotional skills successful therapists use to achieve this process. The purpose of the present study was to gain insight into how excellent therapists use their emotion in therapy to help clients achieve positive outcomes. Three therapists with high client outcome ratings engaged in semi-structured interviews, and resulting transcripts were analysed using interpretative phenomenological analysis. Participants spoke of genuine congruence in warmth and caring characteristics; sensitivity to client needs; harbouring positive expectations of their therapeutic methods and clients; possessing strong self-reflective and emotion regulation skills; often experiencing strong empathy but moderating their empathic expression; balancing the client relationship and therapeutic process; working collaboratively with their clients; and prioritising client emotional needs over their own. Implications, study limitations and future directions for research are discussed.

Ketu-McKenzie, Miriama (MA, Psychology, 2012)
Title: Rangatahi oranga: Family functioning, cultural orientation and depression among New Zealand adolescents.
Supervisor: Jhanitra Gavala

Mental health disparities between Māori and NZ European adolescents are well documented. Cultural-vulnerability theory posits that cultural dimensions may explain some of the difference in distress levels between different ethnic groups. The aim of this research was to explore the relationships between family functioning, cultural orientation and depression among NZ Māori and NZ European adolescents and examine whether cultural orientation - individualism and collectivism - would moderate the relationship between perceived family functioning and depression scores. Self-report data assessing individualism, collectivism, family functioning and depression were collected from 299 Māori and NZ European high school adolescents. Family dysfunction was found to positively correlate with depression scores for adolescents in both groups, however the relationship was stronger for adolescent males than females, and for NZ Europeans than Māori adolescents, and the relationship was strongest for Māori male adolescents specifically. The study's major findings were that collectivism had a moderating effect on the relationship between family functioning and depression for NZ European females only, and that for Māori male adolescents who were highly individualistic, family functioning accounted for 20% of the variance in depression scores. A further finding was that Māori adolescents displayed both highly individualistic and highly collectivistic tendencies, which indicates that there may be multiple culture-related pathways to depression for Māori youths. The findings suggest that Māori male adolescents may be more vulnerable to the deleterious effects of family dysfunction than Māori females, especially if they display tendencies towards individualism. The implications for these and other findings are discussed.

McIvor, Jessica Anne (MA, Psychology, 2012)
Title: Will the needle make me bleed to death?: The development and evaluation of a cognitive-behavioural therapy for chronically ill children with needle-related distress.
Supervisor: Joanne Taylor

For some chronically ill children, having an injection is a regular occurrence and can result in distress and avoidance behaviour for the child and their family. There can also be negative health implications of these children not having their injections. Research supports the effectiveness of cognitive-behavioural therapy for childhood needle-related distress (NRD), although there are significant gaps in the literature that need to be addressed. The aim of the present study was to develop and evaluate a six-session cognitive-behavioural therapy to alleviate NRD among chronically ill children. The research was designed to pilot this manualised approach, which was based on an existing therapy utilised at the Massey Health Conditions Psychology Service, relevant theory and empirical research. The therapy programme known as the "Coping Kids Treatment Manual" differed from previous research by incorporating cognitive components, carer involvement and multiple exposure sessions. A single-subject multiple-baseline across participants design was used to assess the effectiveness of the treatment manual. Four chronically ill children (aged 6-14 years) of New Zealand European descent diagnosed with NRD and their carers participated in this study. Child and carer self-report measures were collected during baseline, treatment and once at one month follow-up. Results

showed that, compared to pre-treatment levels, the majority of children and their carers demonstrated a reduction in distress and increase in coping behaviours related to needle injection situations. Follow-up data showed treatment gains were maintained and/or improved at one month. Most importantly, these gains were accompanied by three of the four children successfully receiving an in-vivo needle injection during session five of the intervention. Findings are interpreted in terms of previous literature, and implications are discussed according to theory, research and clinical practice. Limitations of the present study are highlighted and recommendations for future research directions are outlined. Suggestions for future research include evaluating the effectiveness of the treatment manual with a larger and more diverse group of children, extending follow-up periods and utilising more rigorous measures. Additional research is also required to investigate what components are most critical in producing meaningful change and to what extent carer involvement enhances treatment outcomes. Overall, preliminary findings offered support for the effectiveness of the Coping Kids Treatment Manual in treating four chronically ill children with NRD.

Peapell, Nikki (MA, Psychology, 2012)
Title: Exploring Grief Experiences of Rangatahi Offenders through the Kōreo of Māori Community Leaders.
Supervisor: Leigh Coombes

Māori youth (rangatahi) apprehension and recidivism rates are significantly higher in comparison to non-Māori, which impacts negatively on their health and well-being, as well as their whānau and wider communities. Unresolved grief is a possible factor which contributes to these high rates of offending, especially where troubled rangatahi do not have access to traditional grieving practices such as tangihanga (funeral rituals). This project seeks to establish a foundation for a larger project that gives voice to rangatahi offenders' experiences of grief. Toward this aim, the thesis interviewed Māori community leaders who have worked with youth offenders and their whānau in a variety of ways, who are also actively engaged in Te Ao Māori (the Māori world), and work amongst their communities. Their cultural competencies suggest they have had access to traditional grieving practices throughout their lives. A kaupapa Māori (Māori cultural ideologies) approach underpins this research project, using narrative inquiry to explore the kōrero of Māori community leaders. Focus lies with a particular interest in their personal experiences of grief; knowledge of traditional grieving rituals and practices; and their understanding and guidance for rangatahi offenders who may have limited access to traditional healing processes. The in-depth interviews were collected, and systematically analysed to produce texts of grief and hope. Through interviewing Māori community leaders and acknowledging their role as facilitators of knowledge, a rich foundation was established to enable development of the subsequent project in a space of safe guidance. The leaders move back and forth from Te Ao Māori to Te Ao Hurihuri (the modern world) in a way that provides them with the resources required to be successful in their roles, and able to create positive development amongst our rangatahi and their whānau. By connecting past wisdoms with present circumstances, a forum can be created in which we can reflect on our current roles and relationships with rangatahi offenders. It may then be possible to help create a future where rangatahi offenders are nurtured an empowered to create positive futures for themselves.

Spafford, Samantha (MSc, Psychology, 2012)
Title: Evaluating the role of an online blog to enhance self-reflective practice for CBT trainees.
Supervisor: Beverly Haarhoff

Cognitive behaviour therapy (CBT) has experienced significant growth in the past five years. This growth has resulted in an increasing demand for suitably qualified therapists. Embedded within the theoretical model of CBT is an emphasis on evidence based practice, subsequently researchers have also begun exploring evidence based training. One method showing increasing empirical support is self-practice (SP)/ self- reflection (SR) which has been identified for its unique impact on enhancing reflective practice. SP/ SR was formulated as a structured training technique based on the theoretical model of skill acquisition known as the Declarative, Procedural, Reflective (DPR) model. Perhaps as a reflection of the increased demand for trained therapists, there are also a growing number of online and flexible methods of postgraduate CBT programmes emerging. Within these training programmes SR has been introduced with an online component. The present qualitative study seeks to evaluate the use of an online blog to facilitate SR for postgraduate CBT trainees. Participants came from varying clinical backgrounds and completed Workbook SP/ SR or Online SP/ SR, as a component of their studies in the Postgraduate Diploma of CBT. The responses of six students completing the workbook format were compared with eight students completing an online format of self reflection. Seven trainees that had participated in the online blog reported their experience via an electronic feedback form. Four of these participants went on to participate in a focus group discussion. Qualitative data provided support for the use of online SR blogs, whilst also revealing a number of unique challenges that are introduced with this mode of reflection. These challenges are discussed with reference to current training demands and the future use of reflective blogs for CBT trainees.

Kevin Austin (DClinPsych, 2012)
Title: The Process of Motivational Interviewing with Offenders
Supervisor: Dr. Mei Williams

Motivational interviewing (MI) is a form of client-centred psychotherapy that resolves ambivalence and elicits motivation to change problem behaviours (Miller & Rollnick, 2009). An emerging theory suggests that MI works through the combination of a relational component and the goal directed application of MI methods to evoke and reinforce change talk (Miller & Rose, 2009). A process study was conducted on an adaptation of MI for offenders, the Short Motivational Programme (SMP). The SMP combines MI and cognitive behavioural content across five sessions to enhance motivation for change among medium risk offenders (Devereux, 2009). A single-case design and descriptive statistics were employed and supplemented with inferential statistics. The MI Skills Code 2.1 (Miller, Moyers, Ernst, & Amrhein, 2008) was used to rate the language of 12 facilitators and 26 offenders during 98 video-recorded SMP sessions.
There was some evidence that facilitators were less able to use specific MI methods during sessions that included cognitive behavioural content. Offenders' ambivalence

about changing offending behaviour was most pronounced during sessions that included cognitive behavioural content. Offenders' change and committing change talk was highest during sessions without cognitive behavioural content. Offenders who completed the SMP with more commitment to change demonstrated less sustain talk during earlier sessions. The relational component of MI appeared to be related to whether offenders completed the SMP. There was some evidence to support a relationship between the use of MI consistent methods and offender change talk. The use of MI inconsistent methods and a lack of MI consistent methods were related to ambivalence about changing criminal behaviour and premature exit from the SMP. These results suggested that facilitators should judiciously avoid the use of MI inconsistent methods and strategically employ MI consistent methods to reduce offenders' ambivalence about change. The integration of cognitive behavioural content and MI needs to be carefully considered in reference to the aim of each session, the subsequent session, and the programme's overall goal.

Bradley, Hilary (D.Clin.Psych, 2012)
Title: Adults' Perspectives of Causes and Influences on their Depression
Primary Supervisor: Dr Dave Clarke
Associate Supervisor: Mrs Cheryl Woolley, A/Pro Paul Merrick

While much quantitative research into depression and its treatment has been conducted, there is a paucity of literature focusing on individuals' reflections of their experiences with depression. Ms. Bradley interviewed 13 previously depressed adults a year after their completion of a double-blind dietary intervention study. Thematic analysis of the interviews indicated the pervasiveness of stress and anxiety leading to depression. Common factors included early trauma, being bullied at school and negative attachment to parents. Suicidality seemed more closely related to being bullied at school than linked to gender. Avoidance was the most common coping strategy employed. Additionally, the majority of individuals disliked the side effects of anti-depressants. Findings from her study suggest that the current medical model of depression is insufficient to conceptualize and guide treatment pathways. A social/contextual model might provide a more useful extension to the understanding of depression with context and individual experience being paramount.

Darrah, Anita Jane (D.Clin.Psych, 2012)
Title: The distressing case of modern mothering: Expectations, losses, and postnatal distress
Primary Supervisor: Prof Ian Evans
Associate Supervisor: Mrs Cheryl Woolley

Postnatal distress, encompassing the affective states of depression, anxiety, and stress, affects large numbers of women transitioning to motherhood. Intervention has focused on treatment of symptoms, however there is a good rationale for developing protocols aimed at reducing the occurrences of postnatal distress before onset. Ms Darrah explored the experiences of mothers with children at different developmental stages and found a discrepancy between women's expectations and their subsequent experiences of motherhood. She also assessed the beliefs of young women without children, concluding these women tended to hold views of motherhood which were idealised and overly positive. On the basis of these findings and existing literature she developed a three-session intervention which was then piloted and evaluated. While further research is needed, the intervention showed a preventative approach is both possible and clinically useful.

de Terte, Ian (PhD, Psychology, 2012)
Title: Psychological resilience in the face of occupational trauma: An evaluation of a multidimensional model.
Primary Supervisor: A/Pro Christine Stephens
Associate Supervisor: Prof David Johnston

Mr de Terte's research investigated a five-part model of psychological resilience in relation to exposure to potentially traumatic events, using a sample of police officers. The five-part model looked at an individual's thoughts, feelings, behaviours, physical activities, and environment. There has been limited research that has evaluated psychological resilience from a multidimensional viewpoint. This study found that the components of the model that showed some utility were optimism, adaptive coping, adaptive health practices, and social support. The psychological resilience model initially proposed has been reconceptualised as a three-part model, but requires further empirical and theoretical development.

Findlay, Rachel Helen (D.Clin.Psych, 2012)
Title: Explanatory style and depression: The role of activity
Primary Supervisor: Dr Jennifer Stillman
Associate Supervisor: Dr Nikolaos Kazantzis, A/Pro Paul Merrick

The reformulated learned helplessness theory proposes that a pessimistic explanatory style renders an individual vulnerable to depression. While a large body of literature has supported this association, no prior study has been done with a New Zealand sample of clinically depressed adults. Furthermore, despite the importance of behavioural activation in recovery from depression, no prior research has examined the role of activity level or activity type in relation to these variables. Ms Findlay's findings supported the association between explanatory style and depression. Provisional support was found for the proposed role of activity among interactions between explanatory style and depression. An additional study confirmed that an adaptation to the activity chart typically used within Cognitive Behaviour therapy yielded enhanced information regarding social interaction and perceptions of mastery and pleasure. This advantage could extend across both research and clinical settings for the examination of client activity.

Foster, Nicole Anne (D.Clin.Psych, 2012)
Title: An investigation of early sudden gains in cognitive behavioural therapy for depression: Client and within therapy predictors of change
Primary Supervisor: A/Pro Paul Merrick
Associate Supervisor: Dr Heather Buttle, Dr Richard Fletcher

Ms Foster's research focussed on a pattern of change called sudden gains, where a client shows a large symptom improvement from session-to-session of therapy. Research into this phenomenon has indicated that these changes are associated with better outcomes within and post-therapy. Ms Foster investigated the client factors and within-therapy factors that may predict sudden gains within treatment for depression. In

a sample of 26 adults receiving Cognitive Behavioural Therapy, it was found that variables such as a client's style of thinking prior to and during therapy, and homework beliefs across therapy had an effect on the relationship between sudden gains and improvement in depression across treatment. Ms. Foster recommends that clinicians monitor session-by-session improvement in therapy, and that attributional style and clients' beliefs around homework are taken into consideration when planning treatment.

Gedye, Robyn A (PhD, Psychology, 2012)
Title: Transfer of training and therapist factors in cognitive behaviour therapy
Primary Supervisor: Dr. Mei Williams

There is a call for the training of greater numbers of therapists in the use of Cognitive Behaviour Therapy (CBT) in order to meet the needs of growing populations worldwide. However, issues relating to transfer of training and therapist competence have been noted following the training process (Beidas & Kendall, 2010; Carroll, Martino, & Rounsaville, 2010; Kendall et al., 2004). To date, research investigating the impact that therapist characteristics, or effects, may have on therapist competence has focused on demographic data (McManus, Westbrook, Vasquez-Montez, Fennell, & Kennerley, 2010), with limited attention given to therapist factors that may have a theoretical or empirical association with competence. To date, studies have reported mixed results concerning the relationship between observed competence and therapist self-confidence in using CBT (Brosnan, Reynolds, & Moore, 2006; Beidas & Kendall, 2010), and a positive relationship between observed competence and current practice (Mannix et al., 2006). Studies investigating therapy behaviours have suggested positive relationships between observed competence and career growth (Orlinsky & Rønnestad, 2005), and negative relationships with organisational barriers (Fadden, 1997; Kavanagh et al.,1993). The present study is an exploratory investigation of therapist competence and therapist factors both during and following postgraduate diploma training in CBT. Therapist factors investigated in the present study were therapist self-confidence in using CBT, current CBT practice, perception of career growth, and perception of organisational barriers.
Two separate studies were conducted. Study One employed a longitudinal design. Competence and therapist factors were assessed for trainees (N=16) at three time points during the diploma practicum. Training transfer was measured at 12 months follow-up. Study Two employed a cross-sectional design to investigate relationships between competence and therapist factors following training. Study Two participants were 20 postgraduate practitioners who had completed the practicum 1 to 9 years prior to assessment within the present study. Results showed that 94% (N=16) of Study One participants were rated competent at the end of the practicum. Two of the nine participants who completed Study One showed evidence of training transfer at 12 months follow-up. Positive relationships between observed competence, self-confidence, and career growth were consistently found throughout the training. However, at the end of training participants rated as more competent reported practice with fewer clients and a greater perception of organisational barriers. Results for Study Two showed 65% of participants were rated competent 1-9 years following training. All relationships between observed competence and therapist factors were negative 1-9 years following training. Also, more competent participants reported lower self-confidence, less career growth, and practice with fewer clients, while the opposite was found for participants rated as less competent. These findings suggest that supervised practicum training in CBT increases trainee observed and self-reported competence, although the maintenance of training gains appears problematic. The implications of the findings are discussed and recommendations made for further research.

Holdaway, Melanie (D.Clin.Psych, 2012)
Title: The effects of late-life depression on memory
Primary Supervisor: A/Pro John Podd
Associate Supervisor: Dr Jo Taylor, Dr Stephen Hill

Mrs Holdaway investigated the impact of depression on several different types of memory in older adults, and compared the results to those of a group of younger adults. Her findings were largely in agreement with those of past research, depression tended to have negative consequences for memory. As expected, the younger group outperformed the older group on all memory tests, but the small effect of depression on memory was much the same for the two age groups. One major implication of the study was that the way the concepts of depression and memory are defined and measured needs to be reviewed to ensure consistency in research.

Klum, Maren (D.Clin.Psych, 2012)
Title: Coping in caregivers of family members with traumatic brain injury and the effects on the caregivers quality of life
Primary Supervisor: Dr Heather Buttle
Associate Supervisor: A/Pro Paul Merrick

Traumatic Brain Injury (TBI) not only affects the patient but also the family, which is a vital part of the rehabilitation process. Utilising the stress, appraisal, and coping theory developed by Lazarus and Folkman (1984) this study investigated coping in caregivers of a family member with TBI in New Zealand. Most previous research has focused only on psychological morbidity as an outcome measure. However, multiple areas of a caregiver's life can be affected and a variety of factors can play a role in how caregivers cope. Quality of Life (QoL) is a multidimensional construct that allows for an assessment in physical, psychological, social, and environmental domains. In addition, changes in coping strategies over time were investigated. The hypothesis that emotion-focused coping was related to higher levels of depression and problem-focused coping to lower levels of depression and anxiety was supported. Against expectations, seeking social support was related to higher levels of anxiety. Further findings showed that depression and anxiety were negatively related to QoL and was lower in all domains than in the general population. Emotion-focused coping was negatively related to psychological and environmental QoL, and problem-focused coping was positively related to environmental QoL. In addition, the coping subscales showed a variety of relationships to psychological distress and individual QoL domains. This underlined the importance of investigating individual coping strategies as well as using the multidimensional construct of QoL as an outcome measure. Finally, emotion-focused coping was used most frequently by caregivers in the early years following injury and problem-focused coping most frequently in the later years.

The findings are of both clinical and theoretical importance because they add to the understanding of coping in caregivers, how specific coping strategies are related to psychological distress and QoL, and how they change over time. The discussion considers these findings and how they make an important contribution to caregiving research in this population.

Luther, Kiri (D.Clin.Psych, 2012)
Title: An evaluation of the cognitive outcomes of electroconvulsive therapy: a retrospective study
Primary Supervisor Professor Janet Leathem, Associate Supervisor Dr. Steve Humphries

The aim of the current study was to investigate the cognitive functioning from quantitative and qualitative perspectives of a group of 19 people who had received ECT two or more years previously. Reviews of the literature suggested the domains most commonly reported affected by ECT were verbal learning and memory, visual learning and memory, global cognitive functioning, subjective complained, retrograde amnesias/memory, attention, retrieval, autobiographical memory, anterograde amnesia/memory and aspects of executive functioning. The most commonly used objective measure for thee domains were the Rey Auditory Verbal Learning Test (RCFT), the Rey Complex Figure Test (RCFT), the Mini Mental State Examination (MMSE) and the Autobiographical Memory Inventory (AMI). Qualitative assessment most often utilised subject measures such as the Cognitive Failures Questionnaire or the Squire subjective Memory Questionnaire. The current study planned to extend qualitative assessment using Interpretative Phenomenological Analysis.
Specific hypotheses were that 1) scores on the RCFT, RAVLT and AMI for patients who received their last ECT two or more years ago would be below the age matched norms for each tests, 2) the Montreal Cognitive Assessment would be more sensitive to the Global cognitive deficits than the MMSE and 3) participants would report a higher degrees of difficulties with their memory qualitatively than what was identified by the objective assessment measures.
Findings did not confirm Hypothesis 1), with the exception of scores on the RCFT. Hypothesis 2) was partially confirmed with the MoCA marginally more sensitive than the MMSE. Hypothesis 3) was confirmed, with participants reporting subjective complains that were not identified by the objective measures. The study was limited by small sample size for quantitative analysis and further research utilising a larger sample which assesses at baseline, during and immediately after ECT and the development of a qualitative assessment measure is also recommended.

Norrie, Joan (PhD, 2012)
Title: Energy crisis: Prevalence, severity, treatment and persistence of fatigue after mild traumatic brain injury
Primary Supervisor: Janet Leathem (1st Supervisor)
Associate Supervisor: Dr. Ross Flett

The objectives of this research were to investigate the prevalence and severity of post-mild traumatic brain injury (MTBI) fatigue in a non-litigant New Zealand sample and to evaluate the effectiveness of a treatment programme. Subsequently, a third objective evolved – the investigation of the natural history of post-MTBI fatigue and the degree to which reliable clinically significant change occurred over time regardless of intervention type.
Study One, a longitudinal prospective study examined fatigue prevalence, severity, predictors and co-variates over six months post mild traumatic brain injury (MTBI). Participants completed the Fatigue Severity Scale (FSS), Rivermead Postconcussion Symptoms Questionnaire (RPSQ), Hospital Anxiety and Depression Scale (HADS) and the Short Form 36 Health Survey-Version 2 (SF-36v2). Complete data were available for 159 participants. Key measures; prevalence - RPSQ Item 6: severity - FSS. The effect of time on fatigue prevalence and severity was examined using ANOVA. Multiple regression analysis identified statistically significant covariates. The study found post-MTBI fatigue prevalence was 68%, 38% and 34% at 1 week, 3 and 6 months respectively. There was a strong effect for time over the first three months and moderate to high correlations between fatigue prevalence and severity. Early fatigue strongly predicted later fatigue. Depression, but not anxiety, was a predictor. Fatigue was seen as laziness by family or friends in 30% of cases. Conclusions for Study 1 were that post-MTBI fatigue is a persistent postconcussion symptom, exacerbated by depression but not anxiety. It diminishes in the first three months and then becomes relatively stable, suggesting the optimum intervention placement is at three months or more post-MTBI.
Study Two was a quasi-experimental longitudinal prospective controlled study which had a two by three, treatment by time, repeated measures research design. Participants with a history of MTBI were recruited from three Concussion Clinics. Post-MTBI fatigue was identified through Item 6 of the Rivermead Postconcussion Symptoms Questionnaire (RPSQ) and the outcome measures were the FSS, Fatigue Assessment Scale, RPSQ, Hospital Anxiety and Depression Scale and Sydney Psychosocial Re-integration Scale. All treatment group participants (N = 18) came from the same Concussion Clinic as the principal researcher, and control participants (N = 23) came from other Concussion Clinics. The question of whether the participants thought their significant others perceived them as lazy was also explored in Study Two. A 12 week manualised programme (PERT) was developed specifically for Study Two and was delivered by either a clinical psychologist or occupational therapist through a combination of personal and phone sessions. No significant time by group effect was found for any of the outcome measures. A time effect was found for all of the outcome measures. During the search for explanations for these findings it was discovered that the two conditions were more similar than expected. The majority (85.7%) of the control group had, in accordance with current rehabilitation practice, engaged in exercise and/or received interventions similar to the treatment group which presented a confound to the study. The data from the two groups was combined and analysed for information regarding reliable clinically significant change RCSC in individual participants. No significant correlations with demographic variables such as time since injury, age, gender, level of education, work type and injury type were found. Female gender was related to positive RCSC at three months post-baseline but not at six months post-baseline. Fatigue severity was significantly positively related to participants' belief that relatives perceived them as lazy. Study Two conclusions, at this stage, are that there is no evidence to support this treatment for post-MTBI fatigue.

Prevalence and severity of post-MTBI fatigue reduced over the six months of Study Two, however on examination of individual data the majority of the participants showed no reliable clinically significant change, supporting the need for further research into finding an effective post-MTBI fatigue treatment. The small sample size and the similarity of the treatment and control group conditions were major factors in confounding the findings of the study. There is a comparatively large percentage of individuals reporting prevalence and severity of post-MTBI fatigue in New Zealand samples and, although the combined psychoeducation and aerobic exercise approach could not be evaluated, the postconcussion and general literature suggests there is merit in continuing research into its effectiveness in treating post-MTBI fatigue.

Poananga, Sara Maria (D.Clin.Psych, 2012)
Title: Positive "whanau management" privileging the centrality of whanau and culturally specific understandings of child discipline for effective psychological practice with Māori
Primary Supervisor: Dr Leigh Coombes
Associate Supervisor: A/Pro Paul Merrick, Prof Janet Leathem

Ms Poananga conducted qualitative strength-based research on current successful Māori child-rearing values and discipline practices to explore how these can be effectively incorporated into psychological practice with Māori. In-depth semi-structured interviews were used to determine how Māori psychologists, as experts of best practice for Māori, negotiated psychological practices around the issue of discipline. This was combined with a case study of a modern-day Māori whānau who used a positive non-smacking approach to 'whānau management'. Ms Poananga's research concluded that privileging the centrality of whānau and culturally specific understandings of child-rearing and discipline is necessary for effective psychological practices that draw on standard behavioural discipline strategies, and that this knowledge is necessary to New Zealand psychologists' ethical obligation to cultural competencies.

Gunnar Scheibner, (D.Clin.Psych, 2012)
Title: Improving memory in midlife: A multiple case study evaluation of a group-based memory programme for healthy middle-aged individuals"
Primary Supervisor: Janet Leathem
Associated Supervisor: Associate Professor Paul Merrick & Associate Professor John Podd

The research presented in this thesis evaluates a memory programme (N = 5) that was specifically designed for middle-aged individuals. A preliminary online survey (N = 409) examined the theory of Selective Optimisation with Compensation (SOC) in the context of everyday memory. The survey informed some aspects of the memory programme by examining the relationships between cognitive failures, memory compensation efforts, and control beliefs. Results indicated that SOC endorsement accounted for a significant reduction in everyday cognitive failures (i.e., forgetfulness, distractibility, and false triggering) and a higher sense of memory control. The beneficial effects of memory control beliefs were partially mediated by SOC endorsement. Counter to expectations, SOC endorsement did not affect the forgetfulness/memory compensation relationship. The Midlife Memory Programme, containing four treatment components (i.e., goal pursuit, memory and ageing education, strategy training, and group discussions), was evaluated by a before/after design with a three month follow-up. The data showed improvements in objective and subjective memory performance and worries about memory performance decrements diminished. While the findings were encouraging, a larger scale study is needed to establish the efficacy of the programme.

Tamatea, Armon James (PhD, Psychology, 2012)
Title: Face validity: Exploring the relationship between facial affect recognition and psychopathic traits with high risk prisoners in New Zealand
Primary Supervisor: Prof Ian Evans
Associate Supervisor: A/Prof John Podd, Dr Nick Wilson

The destructive and seemingly self-defeating behaviour of offenders with identified psychopathic traits incurs great interpersonal, social, legal, and even economic costs. Mr Tamatea conducted social cognitive experiments that investigated the ability of high-risk prisoners to accurately identify the emotional state in others from facial expressions. Contrary to expectations, the findings revealed no bias for those with general psychopathy but did indicate a significant difference for those identified with marked 'callousness' – suggesting that variations in psychopathic personality pathology are more informative of social information-processing differences than a monolithic construct.

Barry, Amber (D.Clin.Psych, 2011)
Title: The search for a routine outcome measure for multidisciplinary interventions with young people in New Zealand
Primary Supervisor: Prof Ian Evans
Associate Supervisor: Dr Shane Harvey, Mrs Cheryl Woolley

Ms Barry investigated the use of structured questionnaires to track the outcomes of multidisciplinary interventions with young people. Her research provided New Zealand's first systematic and comprehensive review of these routine outcome measures, updating the last comparable review completed for Australia in 1997. Based on this review, nationwide focus groups, and a postal survey of practitioners, the Ohio Youth Problems, Functioning, and Satisfaction Scales was recommended as the best available for New Zealand at present because it offers the necessary balance of breadth of content, brevity, and psychometric strength. Stakeholder consultation indicated minor wording changes would improve its appropriateness for the local context, a small field-test indicated excellent reliability with a New Zealand sample, but future work to validate the measure for use here was recommended.

Croy, Philippa Marie (D.Clin.Psych, 2011)
Title: An Investigation of the outcomes of Psycho-Oncology Interventions
Primary Supervisor: Mrs Cheryl Woolley
Associate Supervisor: Prof Janet Leathem, Dr Don Baken

Cancer can cause considerable distress, impacting significantly on a person's quality of life, psychologically, emotionally, socially,

spiritually and functionally. Although internationally, psychological interventions have been shown to be effective in reducing this impact, in New Zealand research on this topic is limited. Ms Croy found that the provision of psycho-oncology interventions by a New Zealand psycho-oncology service significantly reduced distress in patients and family members. It also significantly increased their levels of wellbeing and coping. She also examined clients' perceptions of their cancer journey, and of the psycho-oncology service. Five factors were perceived by clients to be most beneficial. These included receiving individualised support, talking to someone who was not family, receiving expert/ professional support, regaining a sense of control, and service availability and flexibility. In summary, interventions provided by Massey's Psycho-Oncology Service had a significantly positive impact on patients' and their families' lives. These results are consistent with overseas studies.

Dillon, Stephanie Kim (D.Clin.Psych, 2011)
Title: Towards a typology of youth sexual harmers in Aotearoa, New Zealand
Primary Supervisor: Dr Leigh Coombes
Associate Supervisor: A/Pro John Spicer

Mrs Dillon undertook exploratory research with a sample of New Zealand youth who had sexually harmed others. The project explored the possibility of discerning subgroups of similar youths within the sample. The results suggest a typology of these youth is possible, and that effective interventions need to focus on the primary difficulties present for the particular subgroups.

Miclette Isabelle (D.Clin.Psych, 2011)
Title: The Past in the Present: A Mixed Methods Evaluation of a Group Intervention for Loneliness and Well-being among Older People
Primary Supervisor: Prof Janet Leathem
Associate Supervisor: A/Pro Paul Merrick, Dr Kerry Gibson

Recent research has shown loneliness in old age to be a major risk factor for a variety of deleterious psychological and physiological outcomes, including cognitive decline, progression of Alzheimer's disease, increased blood pressure, depression, and mortality. However, practical interventions which meet reasonable standards in terms of feasibility and outcome are limited. The main purpose of this study was to develop and evaluate the usefulness of a brief instrumental reminiscence intervention aimed at preventing and alleviating loneliness to increase the well-being of older people. A mixed methods design allowed the examination of both the impact and process of the intervention, as experienced by four groups of older people living in a retirement facility in New Zealand (N = 17; mean age = 84 years). Loneliness and well-being were assessed over five measurement points with the short form of the Social and Emotional Loneliness Scale for Adults, and Affectometer 2, respectively. Repeated measures analysis of variance, content analysis, and thematic analysis were employed to investigate the participants' experience of the intervention, and to gain insight into the typology of social and emotional loneliness proposed by Weiss (1973).
Results showed a high level of satisfaction with the intervention, and provided preliminary evidence for its usefulness over a time period of two months. Loneliness was conceptualised by participants as a normal challenge of life which can be actively addressed by connecting with others in meaningful ways. Learning for participants was located primarily in their experience of the intervention, namely from relationships developed within the groups themselves. This study offers support for the theory on social and emotional loneliness, substantiates the acceptability and usefulness of practical group interventions to enhance well-being in later life, and highlights the importance of tailoring interventions to the needs and experiences of older people. In light of the emphasis placed by participants on group therapeutic factors as primary source of learning about coping with loneliness, future interventions could focus on the role of feedback and social comparison in promoting connectedness among older people.

Mooney, Nicholas Patrick (D.Clin. Psych, 2011)
Title: Predicting offending within the New Zealand Youth Justice System: Evaluating measures of risk, need, and psychopathy.
Primary Supervisor: Prof Ian Evans
Associate Supervisor: Prof Janet Leathem, Dr Nick Wilson

Mr Mooney's previous work experience with youth offenders recognised the need for youth justice professionals to have access to valid and reliable risk assessment measures. Such measures can be used to help predict and plan interventions. His research therefore examined the predictive validity of three empirically grounded risk assessment measures. These were the Youth Level of Service/ Case Management Inventory (YLS/CMI), the Youth Psychopathic Traits Inventory (YPI), and the Inventory of Callous/ Unemotional Traits (ICU). These measures were administered during a 90 minute assessment interview with 114 youth offenders aged between 14 and 17 years. All three measures accurately predicted further antisocial behaviour after six-months. However the YLS/CMI, which assessed risk factors amenable to change, provided the strongest prediction of re-offending. Clinical psychologists practicing within the New Zealand's youth justice system are encouraged to consider such measures in order to better intervene with young people at risk of reoffending.

Munro, Roslyn (D.Clin.Psych, 2011)
Title: Journeys through adolescence: Narratives of teenage boys
Primary Supervisor: Prof Kerry Chamberlain
Associate Supervisor: Dr Kerry Gibson

Contemporary youth discourses tend to frame teenage boys as 'trouble' and 'troubled', yet there has been little investigation into how boys make sense of their everyday social contexts. Ms Munro's research explored ways that teenage boys do identity work and negotiate their social relationships. Her participants were male high school students who provided narrative accounts of personally significant events during their adolescent years. The research showed boys to be competent social actors who construct multiple identities and draw on resources afforded by their social, cultural, and institutional connections. Insights were generated into ways that they are influenced by, and respond to, age and gender stereotypes. Ms Munro's research offers ideas for how clinical psychologists may work more effectively with teenage boys by privileging meanings boys attach to their experiences and deconstructing 'common-sense' understandings of adolescence and adolescent boys.

Page, Susan Linda (D.Clin.Psych, 2011)
Title: An investigation into the presence of seasonal symptoms in a sample treated for depression
Primary Supervisor: Dr David Clarke
Associate Supervisor: Dr Dianne Gardner

Mrs Page's research investigated whether seasonal symptoms were found in depression in New Zealand. It was the first study to use a New Zealand sample and explore the expression of seasonal symptoms over therapy. Multilevel analysis allowed symptom change over time to be examined. Depressive and vegetative symptoms of seasonal depression were found to be independent of each other. Vegetative symptoms were more responsive to sunshine and influenced by gender whereas depressive symptoms were not. The findings suggest that seasonal depression is present in NZ in similar proportions to overseas samples and that more research in this area is warranted.

Roberts, Margaret Helen (D.Clin. Psych, 2011)
Title: The Roberts anxiety scale for the elderly: Development and psychometric evaluation
Primary Supervisor: Dr Richard Fletcher
Associate Supervisor: A/Pro Paul Merrick, Dr Jennifer Stillman

Ms Roberts' research sought to improve the psychological assessment of anxiety in older adults. Her research took place in two closely related studies. The first focused on understanding how older adults experience anxiety in their everyday lives. This understanding informed Ms Roberts' second study in which she developed a psychological measure to assist clinicians in understanding and quantifying the experience of anxiety in their older clients.

Scheibmair, Rebecca Leigh (D.Clin. Psych, 2011)
Title: The acceptability and effectiveness of computerised cognitive-behavioural self-help for depression in primary care
Primary Supervisor: A/Pro Paul Merrick
Associate Supervisor: Dr Nikolaos Kazantzis, Dr Mei Wah Williams

Ms Scheibmair investigated the acceptability and effectiveness of a computerised self-help programme using cognitive behaviour therapy for depression in a primary care setting in South Auckland. The use of this programme helped to reduce symptoms of depression and improve social functioning and was well liked by patients and GPs. The use of computerised self-help may be a viable treatment to reduce the burden of untreated depression in New Zealand.

Victoria Howard (MA, Psychology, 2012)
Title: DBT Skills Use in the Treatment of Substance Use Disorders and Borderline Personality Traits in a Community Alcohol and Drug Service
Primary Supervisor: Dr. Angela McNaught

Maladaptive and excessive substance use, particularly alcohol, is a worldwide problem, with social, physical, psychological, societal, financial and criminal difficulties associated with it. When individuals with such disorders present with co-morbid personality disorders, the situation becomes more complex, and can make treatment challenging. Dialectical Behaviour Therapy has been used with some effect to treat Borderline Personality Disorder (BPD). The impulsivity and poor emotion regulation components of BPD overlap with problematic substance use presentations, making it a potentially viable treatment for Substance Use Disorders (SUDs).
This study monitored daily skills usage over a 52 week DBT programme for 13 individuals with BPD traits and substance use problems who were engaged in treatment at a community alcohol and drug setting in urban New Zealand. Applied longitudinal data analysis, empirical growth plots, and t-tests were employed, and results demonstrated that, as expected, skills use increased over the course of treatment. In addition, Core Mindfulness skills tended to be used with more frequency than the remaining three skills modules. The relationship between skills use and urges to use substances as well as actual substance use was also explored, both establishing the more skills used the less urges to use and actual substance use occurred.
The application of DBT with SUDs is relatively new, and this study is the first to explore skills usage within this group. Determining what skills are most appropriate for a substance using group may help further target the intervention, but may also widen DBT's overall applicability.

An Interview with physiotherapist Yolande Johnson whose

Yolande is a physiotherapist who has integrated a range of holistic modalities into her practice including Reiki, BodySense therapy, aromatherapy, yoga and pilates. She followed this up with a post graduate qualification in Mindbody Healthcare.Yolande has over 25 years experience working with adults, children, adolescents and the elderly in a variety of healthcare settings, including specialist services for refugees and eating disorders, as well as private practice, and the training of other healthcare providers.

What attracted you to a career in physiotherapy?

I was a fulltime dancer for two years when I left school, teaching dance in the local communities and a member of a dance troupe. I also learnt massage at night classes during this period. I was looking for a career that would allow me to travel and open up more opportunities than teaching dance in local church halls. I chose physiotherapy because it involved exercise and massage, and allowing me to continue doing what I loved.

Where are you currently working and what client groups do you work with?

Currently I work at the Regional Eating Disorders Service (REDS) in Auckland, and I work with children, adolescents and adults with either anorexia nervosa or bulimia nervosa. It is a tertiary specialist outpatient service.

I also continue to run a small private practice from home once or twice a week, in St Heliers Auckland, where I see young people, adults and also elderly clients. These clients may be suffering from physical/somatic symptoms originating from anxiety, depression, trauma, injury, eating disorders, body image issues, breathing disorders, chronic pain, stress-related conditions (auto-immune disorders), and serious illness (cancer).

These physical and somatic symptoms may include pain, muscular and nervous tension, breathing problems, sensory sensitivity, discomfort, headaches, tinnitus, sleep problems, fatigue, neurological symptoms, poor mobility and weakness.

Physiotherapy is usually associated with treating physical conditions how did mental health become the focus of your work?

I have always been interested in the whole person and I found the Western biomedical model difficult to align with from the moment I started physiotherapy placements as a student in the hospital system. I have always provided an integrated holistic approach to my clients, and in private practice for the first part of my career, I provided equal parts ACC muscular-skeletal treatment alongside privately funded stress management, aromatherapy massage, Reiki treatments and BodySense therapy. I trained and qualified in each of these modalities as my interest and experience grew. Physiotherapy clients often talk a lot about their life and problems during treatment, and I noticed patterns of injuries or pain related to stress or trauma in their lives. In 2000 I was offered a part-time contract as a massage therapist at the Refugees As Survivors (RAS) Mental Health Service working with refugee survivors of torture and trauma. I stayed there 5 years as part of the multidisciplinary team (MDT), expanding the massage therapy into a Body Therapy team, providing individual physiotherapy as well as exercise and massage groups for women in their communities and psycho-education groups for the new arrivals about the relationship between their physical symptoms and their trauma, and how to help themselves. Whilst working there I travelled to Scandinavia and researched the role of physiotherapists in the multidisciplinary teams working with refugees at leading research agencies based in Denmark and Sweden. From there I was contacted by REDS to begin some part-time work as a dance-movement therapist running groups one day a week. This role has also expanded into fulltime physiotherapy, and I work with two sub-contractors who provide yoga and exercise prescription.

What are some of the outcomes you aim for in using physiotherapy

practice includes mental health

techniques with mental health clients?

Clients' learning and ability to change cognitions and behaviour is enhanced through physical relaxation, along with feeling safe in their own bodies. So we aim to prepare them well for the cognitive and emotional work they need to do, by providing a physical felt sense of the relaxation response and a physical experience of support and containment. We then teach them how to access this safe space or state of calm through grounding themselves in their bodies first, and practise how to access this relaxed state both at home and in other environments effectively. We find that we can elicit increased motivation and compliance on utilisation of strategies and skills through repeated practise within sessions with therapist and in groups .

We aim to reduce their anxiety and stress as well as improve their self-care strategies using their own body, rather than relying only on medication or cognitive techniques. We most definitely aim for the client to develop a more positive relationship with their body, and a better connection between their mind and body, and sense of spirit, and very importantly to have some positive experiences in their own body. Clients gain a better understanding and a sense of control over their pain and somatic symptoms through education and experience of relief of symptoms in session.

I have found that clients who tend to find it harder to express themselves verbally or who are more body oriented or kinaesthetic in their language, can discover age appropriate and body oriented techniques and therapies to express themselves and experience more validation through these modalities, and therefore are able to move on and make better use of verbal therapies. Considering child development, infants are calmed by their caregivers before learning to calm themselves, they then learn to use language to communicate to their family members before others. So as physios we hope that by teaching them how and supporting them to feel calm and safe in their bodies and cope with distress using using self-soothing sensory and non-verbal modalities they are able to utilise talking therapies more effectively, in particular preparing them to talk about trauma or highly distressing feelings. When the original trauma dates back to pre-verbal years, using non-verbal methods can help clients to access and repair dysfunctional patterns.

Physiotherapy assists clients with mental health problems to retain their physical independence which supports them psychologically and low mood may be improved through using appropriate exercise and exercise routines.

What are some of the physiotherapy skills you use in working with mental health clients?

Relaxation skills: we teach our clients how best to elicit the relaxation response as quickly and effectively as possible for their individual needs, through touch, movement and breathing, utilising a combination of their individual sensory experience.

Breathing: techniques and breathing re-education for clients with anxiety, stress, breathing pattern disorders (BPD) and hyperventilation (HVS) and for managing emotional distress.

Therapeutic touch: we practise specific manual techniques and massage to release pain and symptoms, and to enhance relaxation and to build a positive relationship with their body and improve body awareness.

Exercise: we prescribe appropriate exercise activity and fitness training for age and stage, and encourage opportunities to exercise in groups. Very importantly we attend to the physical integrity and independence of our clients through rehabilitation exercises to improve mobility and strength. We find Pilates and yoga exercises and stretches improve body awareness, reduce anxiety and lift mood, as well as specific Body Awareness Therapy (BAT), which gives language and understanding to clients' physical sensations and feelings.

Education and long term self -care planning for chronic conditions and chronic pain.

Mindfulness: in particular using body oriented and sensory techniques.

Body Image: I use practical and fun ways to build confidence in the body, and to explore and reduce shame, using mirrors, video and proprioceptive props, movement and therapeutic touch.

Sensory Modulation: in particular I focus on the proprioceptive and vestibular senses using movement and touch modalities for self-soothing and anxiety, distress and mood management. I then combine it with conditioning strategies to scents or sounds to reproduce relaxation or sense of safety more efficiently and instantly, and create positive body experiences. We hope that they can then manage exposure to stressors or triggers more effectively by using practised sensory strategies prior, during and post exposure.

Motivation (motivational interviewing) is a skill physiotherapists have been using for years to get clients to do their home exercise programmes for rehabilitiation.

Group facilitation: for exercise, education or relaxation. Groups enhance participation and compliance and incorporate addressing clients' social needs.

Embodiment: through role modeling being active and having a good relationship with our own bodies as therapists, we offer clients an opportunity to experience embodiment themselves.

Do you work as part of a mental health team or as a sole practitioner?

Both; I have worked as part of a multidisciplinary team for the last 13 years, both at RAS for 5 years and now at REDS for 8 years. Alongside this, I have continued my private practice specialising in a MindBody approach to healthcare, and tend to get referrals for a variety of health issues, usually MindBody or mental health related.

Is there a body of research that supports the efficacy of the use of physiotherapy techniques in relation to mental health disorders?

Yes, in Europe they have a biannual conference for physiotherapists working in psychiatry and mental health, where they present the latest research and practice based evidence. This is where I currently access the latest information on working with eating disorders and body image issues.

Mindfulness and relaxation response techniques are well researched for treating anxiety, stress and chronic pain. As a physiotherapist I tend to use the more body-oriented methods, combined with sensory modulation strategies to enhance the relaxation response, or using the physical body sensations as the focus of mindfulness practice.

Therapeutic touch has a wide variety of research advocating its use for relaxation, pain, stress and anxiety, and improved quality of life.

Briere's Self-Trauma Model, has a large body of research, which I have drawn on to prepare for practising exposure in body image work and anxiety management, as well as for managing distress from chronic pain or somatic trauma memories using body oriented techniques

CBT: The dieticians and I both utilise this model to break down unhealthy food and exercise behaviour patterns used by eating disorder clients, and it is well researched

I understand that physiotherapists find success in using acupuncture with drug and alcohol rehabilitation, although I haven't explored that research myself.

There is a body of research regarding using exercise to help manage depression, as well as improving bone health and balance to prevent injuries, and improve quality of life.

Breathing: Good breathing techniques reduce many somatic symptoms and enhances performance and the relaxation response. Anxiety can trigger hyperventilation and poor breathing, and proper diaphragmatic breathing can reduce anxiety levels. There is a large amount of research here also.

Physiotherapists have conducted their own studies about the therapeutic relationship between client and therapist, and what enhances this for our client group in our own working environment.

One on One -

Keith McGregor was invited as our 'one on one' contributor.

A Wellingtonian by birth, Keith spent his secondary school years in London and on returning to New Zealand completed a BSc in psychology at Victoria University. In 1974 Keith joined New Zealand's largest 'peace movement' – the Ministry of Defence - as an occupational psychologist and officer in the Royal New Zealand Air Force. In this role Keith served as a field psychologist at Woodbourne followed by time as a researcher back in Defence Headquarters. On promotion to Squadron Leader Keith was posted to Wigram as the senior field psychologist and subsequently back to Wellington as an assistant director in the Defence Psychology Unit.

After 12 years in Defence Keith left to join Mike Keenan and Ross Gilmour as a partner in their organisational psychology practice and in 2003 formed his own company, Personnel Psychology NZ Ltd, which operates out of a lovely little 1900s villa in the middle of Lower Hutt. Keith remains active in promoting psychology through his role as the coordinator of the Psychology Special Interest Group

with Keith McGregor

for HRINZ.

One aspect of your role you find satisfying

Having a scientific bent my greatest satisfaction comes from 'joining up the dots' – developing an understanding of what is really happening and then identifying the right questions to ask. It is very rewarding when one to two simple questions result in an individual or group finding a new way to resolve their problems or improve their work.

One event that changed the course of your career

Leaving my role after twelve years as an occupational psychologist with Defence to become self-employed back in 1986. I still recall waking in a cold sweat at 2am with the realisation that I no longer had the certainty of a regular pay packet, that job security was a thing of the past and I now had to find enough work to keep my family fed and housed. Although I enjoy the flexibility of being self-employed there are times I wistfully recall taking leave and getting paid while doing so. The shift away from permanent paid employment brings work as a psychologist into sharp relief. It forces careful thought around the value clients receive and the realisation that if you don't finish that report you don't get paid. It also has a very good performance appraisal system – the phone stops ringing.

One alternative career path you might have chosen

I suspect I would have ended up working with computers. I enjoy both the hardware and software aspects of IT – breathing life into dead PCs and writing applications for data analysis.

One learning experience that made a big difference to you

There have been many but one that I often reflect on was being told, twenty-two years ago – by a course participant who had spent virtually the entire workshop doing her own work and taking no part in discussions other than making the occasional disparaging remark – that my workshop OHP slides (remember those?) and workbook pages were rubbish. I had to eat humble pie because she was right – they were bad. Since that day I have worked to create presentation material that is interesting and stimulating.

One book that you think all psychologists should read

In the late 70s I came across "Managing People: Influencing Behavior" by David W Thompson. (Mosby, 1978) This is a book I read and re-read as it translates the dry laws of operant and respondent conditioning into real-world, commonsense guidance. His work bridges the behaviourist – humanist divide as it shows how likes and dislikes are formed and how easily we can destroy self-esteem and encourage inappropriate behaviours. This book underpins much of the management training I deliver. Dr Thompson also wrote "Psychology in Clinical Practice"; and, with his daughter, Krysten Thompson, "What You Fear is Who You Are: The Role of Fear in Relationships".

One challenge psychology faces

Taking itself too seriously. I have seen a gradual 'siloization' of psychology accompanied by increasing levels of 'patch protection' which is undermining communication and limiting the sharing of ideas and discoveries. People and problems don't fall into neat boxes and as an organisational psychologist I use tools I have adapted from all areas of psychology. From family therapy there is the one-way mirror technique for mediation, from clinical psychology Ericksonian paradoxical models are used to overcome resistance to change and from educational psychology Bloom's taxonomy has helped to structure interviewing.

One thing psychology has achieved

Organisational psychology has permeated virtually the entire world of business activity. When we trace back the origins of assessment centres, psychometric testing, performance management, training and development, ergonomics, human factors, motivation, etc., psychologists such as Likert, Maslow, Cattell, Lewin, Flanagan keep appearing. If we were to describe this as the one thing, the answer would have to be helping to understand and predict behaviour in the workplace.

One aspiration for New Zealand psychology

In 1973 when Britain became a full member of the European Common Market the writing was on the wall for New Zealand – diversify or die. It is a message we have been slow to heed. Psychology has the potential to play a significant role in helping New Zealand to tap the wealth of knowledge and innovation that resides within our people. A collective aspiration is providing the skills and support to help business leaders and staff to unleash that potential.

One social justice issue psychology should focus on

I recently talked with a young graduate who, somewhat nervously, had attended her first job interview. Early in the interview she had been asked to describe a time when she had to deal with a difficult team member. Being unable to think of an example on the spot, she panicked and her mind simply stopped working. This talented but vulnerable young woman was left with her confidence shattered and her hopes of attending another interview virtually non-existent. Seeing her distress first hand caused me to reflect on how, in the name of 'best practice', we have created systems

which have the potential to destroy people. The social justice issue from an organisational psychology perspective is to focus on developing processes and systems that enhance the mana, confidence and self esteem of everyone in the workplace.

One big question

How do we unlock our knowledge? Throughout the world research is carried out in all aspects of psychology but only a fraction of that knowledge seems to find its way to the people it could most benefit. This is partly due to the fact that much of the content is written in a style that is all but impenetrable to a non-psychologist but also because the majority of research reports are locked away behind expensive pay-walls.

One proud moment

This question troubled me for the simple reason that I couldn't think of an answer. I experience a great deal of pride at seeing the things my children have achieved but struggle to identify things of which I am personally proud (I suspect there is a Master's thesis in this topic). Perhaps the closest I come to feeling this way is the odd occasion when someone mentions in passing that something they learned on one of my courses many years before had helped them to achieve success in their life.

One thing you would change about psychology

Following on from the 'Big Question' a valuable change would be finding ways to translate psychological knowledge into a form that non-psychologists can: a) understand, and, b) use to enhance the quality of their personal and work life.

One piece of advice for aspiring psychologists

Take nothing for granted. Currently many fundamentals of psychological research are being questioned. Respected researchers have been exposed as frauds, questions abound concerning cherry-picking data to achieve desired outcomes, the significance of significance is no longer clear cut and even the trustworthiness of scientific publications is being doubted. The message for aspiring psychologists is to question everything, go back to original articles, look closely at the data and keep asking, "Why?"

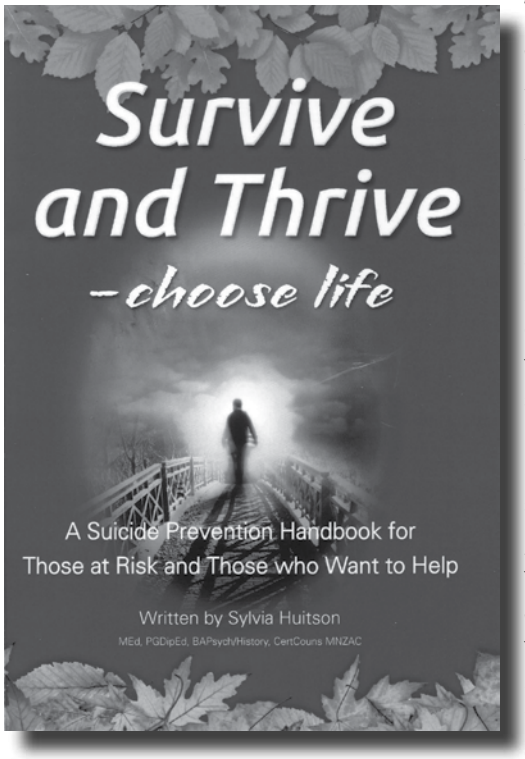
We have three book reviews for this issue, all by yours truly and a review of a different kind from Raymond Nairn of a report on the Ngāpuhi Nui Tonu claim. Ray shares his insightful and interesting learning from this published document.

If you want a little variety in the reviews, either because they have been written by someone else, or because they are of a book/topic area that you are interested in, please contact me … we can find something for you to review.

Of the books included here, the first book is Sylvia Huitson's little book for those who experience suicidal thinking and those who are supporting them. The second is an updated and expanded text on the assessment and treatment of deliberate self-harm (thanks Footprint Books, Australia), and the third is a very worthwhile book on counselling and the law (thanks Dunmore Press and NZAC).

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

Survive and Thrive – Choose Life



The author draws substantially on two life experiences as the foundation for this little self-published offering. The first is her extensive experience as a counsellor; the second is her own experience of attempted suicide within the context of a violent relationship. On the basis of these Huitson has prepared a short text (only 59 pages) aimed at those who are contemplating suicide and those who work with them. For the latter group the author aims to outline simple steps that may assist with suicide prevention. There is a simple single message running through the book … the importance of hope. Huitson offers her own thoughts on the topic, and provides some basic ideas about how to find hope within apparently hopeless situations. There are also some very basic suggestions for those who are close to someone considering suicide, and some tips for therapists. While the pace and style of the book is comfortable and the advice useful, it joins the ranks of a large number of similar publications, e.g., various publications from Skylight and SPINZ. For someone who is struggling to cope and who is contemplating suicide I think the short and focused Parts (not Chapters) could be helpful, although the topic titles and coverage is a little idiosyncratic. However, family members and carers often require more specific information than this book provides, as do health practitioners.

This is the sort of book that one could have in a practice library for clients to borrow, but given the plethora of free and web-based resources available I would not expect it to get too much use.

Survive and Thrive – Choose Life
Sylvia Huitson (2012)
New Plymouth, NZ: Active Intentions
www.sylvia-huitson-activeintentions.co.nz
978-0-473-22008-2 $34.50

Treating Self-Injury (2nd Edn)

This has to be one of the current definitive books on the assessment and treatment of self-injury, "intentional, self-effected, low-lethality bodily harm of a socially unacceptable nature, performed to reduce and/or communicate psychological distress" (p.4). This edition is a valuable update of Walsh's (2006) original and includes new chapters (25 in place of the original 18), and an expanded and reorganised graduated approach to the presentation of treatment components. The style is very attractive, straight to the point, broad in its scope, and well referenced with contemporary research and theoretical work. The author has done a great job integrating the additional chapters, many of which have been contributed by other experts in the field.

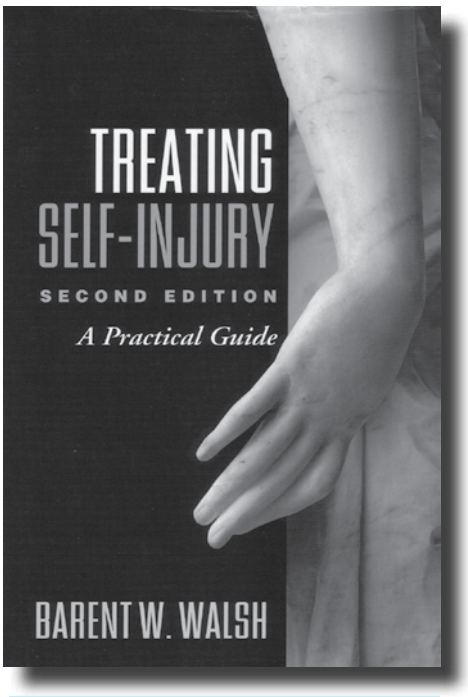
The book starts with six chapters focused on outlining the context for the assessment and treatment strategies which follow. These chapters are instructive and economical; Walsh consistently makes his point and then moves on. The flow of information is rapid, and the reader is well rewarded for his/her attention. I particularly liked the introductory chapter on body modifications as it demystified, informed, and largely de-pathologised this.

The next group of chapters are on assessment and treatment, and while they have a broadly biopsychosocial focus most have a psychological bias in general, and a cognitive-behavioural bias in particular. The chapters are arranged into four 'steps' ranging from initial assessment and intervention through to specialist interventions with people who engage in multiple and high-risk self-harm, and the use of residential treatment options. There are very helpful chapters on Cognitive-Behavioural Assessment, Contingency Management, Body Image Work, and PTSD and Related Self-Injury … but all the chapters in these sections are worth reading.

The final section of the book covers a range of specialized topics which includes managing therapist reactions, social contagion of self-injury, management of self-injury in schools, and the 'Choking Game' which we have heard

a little about here in New Zealand.

Walsh identifies the population rate of completed suicides in America as approximately 11.5/100,000, which is a little lower than the rate in New Zealand. He goes on to cite data suggesting that the estimated rate of self-injury is between 400-1,000/100,000. While not entirely a presentation limited to younger members of the population, it remains primarily a behaviour exhibited by young men and women. Those working in the health and education scopes of practice with youth and young people will be well rewarded for the time they spend reading this book. Given the incidence of deliberate self-harm in the community, maybe this book should be added to the list of required reading for all those assessing and helping to manage risk within health services.



Treating Self-Injury (2nd Edn)

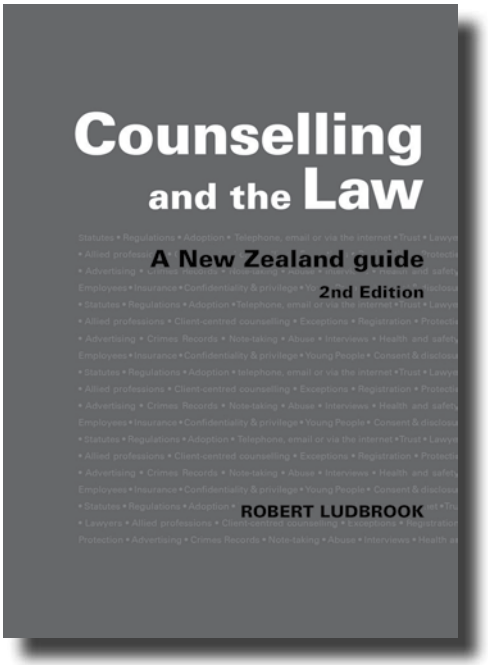
Barent W. Walsh (2012)

NY: Guilford Press.

978-1-4625-0539-5 Hbk NZ$62.73

Available from www.footprint.com.au

Counselling and the Law: A New Zealand Guide (2nd Edn).



PLEASE CONTINUE READING! You should not be discouraged from reading this review, or this book, because the words 'counselling' and 'law' appear in the title.

From the biographical note at the front of this book the author, Robert Ludbrook, is a well-travelled lawyer and scholar with extensive experience working with counsellors. In fact, even without the biographical note this is amply demonstrated in the pages of this detailed, expert and useful text. The title page suggests that the author prepared this book for the New Zealand Association of Counsellors (NZAC). Both Ludbrook and the NZAC are to be congratulated for this contribution.

Why should a psychologist read this book? The NZ Psychological Society has recently published its own text entitled "Psychology and the Law in Aotearoa New Zealand" (Seymour, Blackwell, & Thorburn, 2011), which is very much a handbook for practicing psychologists written by senior members of our profession. Its general approach is to look at contemporary psychology practice within the current legal framework. Ludbrook adopts a slightly different approach by first elaborating on the basic principles of counselling practice, then locating the relevant legal considerations before expanding both with reference to recent case precedence and other practical considerations. Is this relevant for psychologists? Yes, it certainly is. The author makes it clear that he is viewing counselling as a process, not a profession, that is, it is an activity that forms the core business of several professions, including psychologists. In a later section devoted to 'specialist counsellors' we find a chapter dedicated to psychologists alongside others about social workers, school counsellors, psychotherapists, counsellors working under the Accident Compensation Act, and so on. Also, a number of the legal case examples presented refer to the actions of psychologists. However, it is not simply a matter of mentioning the profession of psychology by name, the subject selection and analysis speaks to issues which have equal relevance to many of the 'helping professions', and especially those where verbal interaction is a keystone.

The first section of the book covers general issues affecting those engaged in counselling, important topics such as client relationships, legal protections, relationships with third parties, skills and competence. There are also some valuable sections on topics that are not often covered elsewhere such as building a client base, advertising your services, decisions to refuse to accept

a client, discrimination in offering services, record keeping and record disposal. In each of these Ludbrook identifies the general principles involved and the parameters of practice, establishes the legal framework, and (where possible) provides practical examples and direction.

There are separate chapters on confidentiality, privacy, and legal privilege, with the distinction between these three being thoroughly examined and detailed. There is also a comprehensive chapter on report writing, another topic that seldom receives this level of attention. While the author does focus attention on report writing for legal purposes (e.g., within the Family Court setting) he also provides a good general orientation to the task and potential legal pitfalls.

The style and format of the writing is fairly 'legal', or maybe it is just my perception of lawyers and how they write. Ludbrook tends to get straight to the point, a style that is somewhat exaggerated by the liberal use of numbered sub-headings which makes the book very easy to navigate around. This is also pleasing as it leaves the reader with a feeling both that the author is expert, and that ground is being covered quickly, and given that the book is a heavy 462 pages cover-to-cover this is important. The legal elements of the book have been well packaged to make them accessible to non-lawyers, but precise enough to be a useful guide that is a nice complement to Seymour et al (2011).

So, why should a psychologist read this book? … because it is challenging, authoritative, well organised, and relevant.

Counselling and the Law: A New Zealand Guide (2nd Edn)

Robert Ludbrook (2012)

Wellington: Dunmore Publishing

978-1-8773-9967-1 NZ$54.99

Available from www.dunmore.co.nz

Ngāpuhi Speaks: He Wakaputanga and Te Tiriti o Waitangi

Independent report on Ngāpuhi Nui Tonu Claim

Reviewed by Raymond Nairn

Reviewing *Ngāpuhi Speaks* I want to demonstrate why psychologists, like other health professionals, should read a book that summarises evidence presented in a claim to the Waitangi Tribunal and to convey at least some of the excitement I felt when reading it.

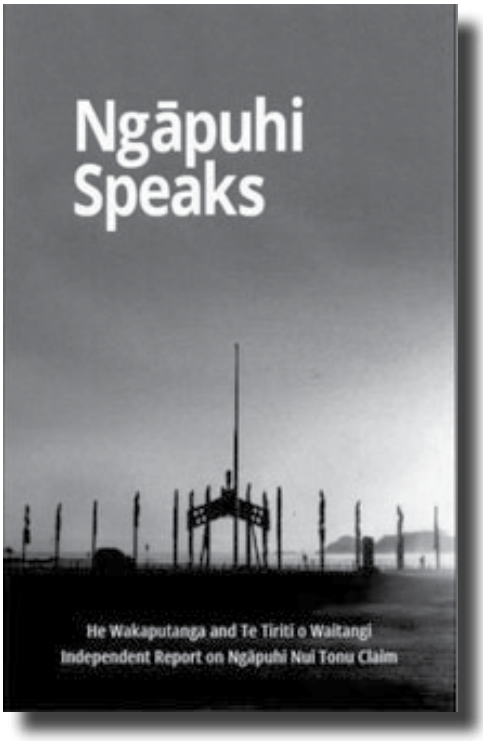
Ngāpuhi Speaks summarises evidence given by Ngāpuhi and the Crown to the initial Waitangi Tribunal hearing of the Ngāpuhi Nui Tonu claim (Ngāpuhi Nui Tonu is the greater Ngāpuhi alliance, "effectively Auckland to Te Rerenga Wairua", p. 10). That initial hearing: spread over four sessions and several months of 2010 and 2011 concerned Ngāpuhi and Crown understandings of *He Wakaputanga o te Rangatiratanga o Nu Tireni* (the Declaration of Independence, 1835) and *Te Tiriti o Waitangi*. To create the summary the independent panel: Dr Susan Healy, Dr Ingrid Huygens, and Takawai Murphy attended all those sessions during which they were supported by a kaitiaki, Hori Parata, and a historical and translation advisor, Nuki Aldridge. Their work means we now have an opportunity to know about the thinking and actions of Ngāpuhi rangatira in early nineteenth century Aotearoa which is very important because, for the first time, we can appreciate how those rangatira planned and acted in that world, what they intended to achieve through *He Wakaputanga*, and by signing *Te Tiriti*, providing an invaluably detailed account of Māori perspectives on that world and these documents.

To make the world of the rangatira accessible the writers have: summarised a large volume of evidence organised by a narrative flow. That flow drew me into a world shaped by Māori beliefs and practices, where I met active, forward thinking people. The evidence is organised in a broadly chronological fashion across three sections: Part A – *He Wakaputanga o te Rangatiratanga o Nu Tireni*; Part B – *Te Tiriti o Waitangi*; and Part C – Effects from February 1840 to the Present Day. Each begins with an outline of its structure and separate sub sections for Ngāpuhi evidence and Crown responses. Clear headings, careful indexing and systematic numbering of sub-sections and further subdivisions mean it is relatively easy for readers to keep track of both immediate issues and the larger picture.

However, that doesn't explain how the book contributes to psychologists' understanding or achievement of more culturally competent practice as specified by the Psychologists Board (2006). First and central to its contribution is the detailed presentation of Māori as a successfully functioning people who: governed themselves, traded with Europeans here and overseas, and, led by rangatira seeking to secure their people's wellbeing, orientation to the international world. Meeting these people I learnt about: hapū structures, establishment and maintenance of inter-hapū and inter-iwi relationships and alliances and how such supra-hapū huihuinga rangatira (gatherings or meetings

of leaders) related to Ngāpuhi responses to issues at home and engagement with the international world. Interwoven with that story are informative and accessible accounts of the Ngāpuhi worldview and key concepts like mana (authority), tikanga (laws), and ritenga (societal norms, practices) underpinning Ngāpuhi hapū self-government. Given how individual witnesses spoke about the world of their tupuna and the concern of Te Taumata Kaumātua (Senior Council) that the evidence be accessible for all Ngāpuhi and other peoples it was clear that this worldview and these practices remain vitally important.

Picking a single example: I hadn't understood that it is the hapū who carry the mana of their land which, for the purposes of governing land and people, is invested in their rangatira by the people of the hapū who remain "the leader of the leaders" (Hohepa, p. 30). Nor had I grasped that a hapū's autonomous authority "exercised in protection of land, production of resources and for the ordering of human affairs" (p. 29) was also displayed in making alliances and sustaining relationships for inter-hapū projects such as: large scale fishing, food production, managing the environment, or defence. All activities were guided by tikanga and, where new situations required new laws, rangatira meeting together would propose suitable developments to which individual hapū would commit themselves. Considerable evidence was given about Te Wakaminenga (Confederation of Hapū), a formalisation of such huihuinga rangatira, a body I'd only know of because it is named in Articles 1 & 2 of *Te Tiriti* (Nairn, 2007, pp.23-4). As witnesses explained, Te Wakaminenga "was a place to make 'command decisions'…while leaving intact the mana of each hapu" (p. 44), not the centralised, hierarchical Westminster style governing body familiar to and desired by Pākehā like Busby. Witnesses insisted Te Wakaminenga was set up by their tupuna to protect hapū economies and trade interests and to develop laws for dealing with the newcomers (p. 42). They also said *He Wakaputanga* arose from deliberations within Te Wakaminenga with the wording finalised through discussions that included Busby, Henry Williams, and James Clendon.



Over the years I have read a great deal about *Te Tiriti* and expected *Ngāpuhi Speaks* would confirm what I knew but, as I engaged with *He Wakaputanga* and *Te Tiriti* primarily through the understandings of Ngāpuhi rangatira, I was challenged to reflect critically on what I 'knew'. I saw that I had relied on written records, failing to recognise how those accounts, provided by Pākehā playing various roles in Britain's imperial project, rendered Māori thoughts and initiatives invisible while concurrently obscuring their interested nature. Approaching *He Wakaputanga* and *Te Tiriti* from within a Māori worldview enabled me to see both the culturally embedded character of Busby, Henry Williams, Hobson etc's behaviour and thought and how the written accounts rendered the agency of Māori people invisible, perpetrating a still uncorrected assault on their dignity as a people. I had failed to appreciate the interested nature of much I knew which had led to writing (e.g. Nairn, 2007) in ways that undermined my aspiration to have "Respect for the dignity of persons and peoples" (Code of Ethics, 2002). *Ngāpuhi Speaks* not only challenged me to review what I knew in this particular instance but also to think critically about my preference for written over oral forms of knowledge, and my prioritising of familiar, 'at hand' knowledge and practice over the unfamiliar and less readily accessed.

Ngāpuhi Speaks begins with a very detailed account, from the perspective of Ngāpuhi rangatira, of the development and purposes of *He Wakaputanga* (the Declaration) on which is based the most detailed exegesis of *Te Tiriti* I have ever read. I learnt, among much else that the official translation of Article 1 of Te Tiriti, is unhelpfully misleading. That translation is:

> *The Chiefs of the Confederation, and all the chiefs who have not joined the Confederation, give absolutely to the Queen of England for ever the complete government of their land.*

Whereas, the text that was signed said:

> *Ko nga Rangatira o Te Wakaminenga me nga Rangatira katoa hoki, kihai i uru ki taua Wakaminenga, ka tuku rawa atu ki te Kuini o Ingarangi ake*

tonu atu, te Kawanatanga katoa o o ratou wenua.

Obviously I can't reproduce the entire discussion of the article so I'm focusing on what I found particularly enlightening. First, 'ka tuku rawa atu' – translated as 'give absolutely' – though it primarily means permit or give permission, was used when the rangatira - 'e kore e tukua matou' – refused to permit any [other] group to frame laws or exercise governorship in the lands of Te Wakaminenga. Clearly, Article 1 of *Te Tiriti* has the rangatira giving permission for someone else to frame laws and exercise governorship in "their lands" so we need to know who are the 'their' referred to. To identify that referent we need to understand 'o o ratou wenua' – of their land(s), as it was read by the rangatira. It certainly does not mean the land of the rangatira. In *He Wakaputanga* the rangatira declare their sovereign authority as being 'o to matou wenua' (over our land) so, had they intended to permit someone else to exercise 'Kawanatanga' over their lands, the phrase 'o o matou wenua' (over our lands) would have been used as it was in the first article of He Wakaputanga. Speakers at the hearing made it very clear that 'o o ratou wenua' referred back to 'nga wahi katoa o Nu Tireni i tukua … ki te Kuini' (all the parts of New Zealand given to the Queen, *Te Tiriti*, Preamble) and not the entire country.

This book provided valuable cultural knowledge, enriched my understanding of *Te Tiriti*, and encouraged critical self-reflection. The last being fuelled by the Crown agents who, then and in the hearings, patently failed to engage with what they saw or were being told. Some failures, as when Busby could only see Te Wakaminenga as a centralised, governing body to which the rangatira would have to surrender the mana of their hapū, occurred because he was so embedded in his culture and society he could neither comprehend that there could be different ways to achieve 'he wenua rangatira' – a land in a state of prosperous peace - or the possibility of very different conceptualisations of a civilized society. Summaries of the Crown's evidence and arguments offer clear instances of failures arising from an unbending commitment to a (self) interested position. One such example is (pp. 121-2) the Crown dismissing Te Whakaminenga [the Crown routinely uses the modern rather than the original spelling] a purely notional body. The Crown counsel had heard numerous witnesses attest to the body's formation in 1808, name places where the rangatira met [the last occasion being in 1888] and discussing business conducted. Despite that Crown counsel continued to rely on Busby's assertion that the body 'had not assembled spontaneously" (p. 122), deafness that enabled the Crown to uphold its intended conclusion that as Te Wakaminenga was a paper tiger *He Wakaputanga* had no significance beyond signalling Māori aspirations. A practitioner who similarly over-rode a client's evidence would be violating both the Code of Ethics and requirements they practise in a culturally competent manner.

Clearly *Ngāpuhi Speaks* is a partisan account but, unlike so many others about Te Tiriti and Māori, Pākehā relations, is upfront about its commitments. Tribunal procedures determined that most of the evidence would come from the claimants. While the desire of Ngāpuhi Kuia and Kaumātua to have an accessible summary of their tupuna's thoughts, actions and plans to share with the descendants of those tupuna ensures the authority of this account that now stands alongside other interested accounts. Finally, the urge to keep the thoughts, actions and plans of the rangatira before people today is a guarantee that the worldview, beliefs and practices of the rangatira continue to be nurtured in Te Ao Māori.

Dr Susan Healy, Dr Ingrid Huygens, Takawai Murphy (the independent observers of the Tribunal sessions)

Commissioned on behalf of the Kuia and Kaumatua of Ngapuhi Nui Tonu.

Published by Te Kawariki (Kaitaia) & Network Waitangi Whangarei (Whangarei); PO Box 417, Whangarei.

Individuals $35, Institutions $65, packing and postage included

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Editorial

Rosalind Case
Student Forum Editor

I think it's generally quite useful to begin any piece of writing with the clichés of the moment. With that in mind, it needs to be said that this year is passing by at a shocking pace, time is speeding up, I hope you had a Happy Easter and who knew that rain could be so longed for?

Opening paragraph written, we can now move on to actual content. The Psychological Society is, in my view, always interested in knowing more about how it can best serve its members. More recently, there has been a focus on trying to understand more about how a student association of the Society can be most relevant to its members. To this end, we have been trying to find out more from students about what would entice them to be a student member and what they would look to gain from their membership.

I did a small, informal survey of students around New Zealand and it seemed that few knew anything about the student subscriber option that the Society currently provides and what that entails – just for the record, there are two options for students (one costing $69 and one free). These provide students with access to *Psychology Aotearoa*, a selection of awards and scholarships, the opportunity to join the Institutes, monthly newsletters etc.

However, when I asked students what would entice them to join a student association they described services that sounded decidedly more like a labour union. They reported wanting a support and advocacy group that would assist them with dealing with bullying and harassment as students, university employees and interns. Several suggested that they wanted to see the Society engage more visibly in political lobbying and activism. One student said she wanted "advocacy with teeth".

In this issue we have a selection of students who have kindly offered to answer some questions about why they chose their particular graduate study path. And I've tagged the "what do you want from a student membership association" question on in another attempt to garner some opinions from students about what it is they're looking for in student membership. You can see some of their responses in the following pages.

I guess it raises the question about what students are looking for in terms of representation in the 21st century. The way that we access information, support and networking is considerably changed in that, for many of us, this mostly happens online. The way that students operate within university systems is also significantly different to how it was 20 years ago. Here at Waikato we are now back to voluntary student unionism and there remains a noticeable lack of protest activity, shaved heads and Doc Martens (although you'll be as pleased as I am to know that these are making a fashion comeback, phew!). Students are now embedded within a user-pays system that is driven by the professionalisation of services. Difficulties accessing student allowance coupled with the high cost of living and relatively low wages require that students work increasingly longer hours in order to support themselves through study. This might all be very well until you hit a speedbump – when you find yourself up against the wall in a position of vulnerability (and many students and interns will know what this feels like) and scanning around looking for support in a competitive environment with reduced services available for students.

Having asked the question and received a few answers, it's my impression that students have identified a gap in what they are provided by universities in terms of advocacy and support and perceive that this gap could be filled by an external group such as the NZ Psychological Society. The debate that then needs to be had should focus on whether student advocacy is a role that could be filled by the Society and, if so, what shape that could take.

In previous issues we have had a focus on highlighting the various options that graduate students have before them when considering programmes of study and career pathways in psychology. Following from this, in this issue we have contributions from a number of students from around New Zealand discussing the factors that contributed to their choice of graduate programme and their experiences to date.

We also have an article from Kiri Edge at the University of Waikato. Kiri is a student of the Community Psychology

programme and is completing a PhD in the area of Death, Dying and Grief. Her research has had a specific focus on bicultural bereavement processes and we are pleased to be able to publish her article detailing this research, which is relevant to academics and practitioners working across a range of psychology fields.

Finally, I would like to let students know about the new Facebook page for graduate students of psychology in Aotearoa. This would be an ideal forum for the discussion of issues relevant to graduate study in psychology. It is a place where students from around the country can connect with each other and hopefully build networks with fellow psychology graduates from other universities. You can access the page at https://www.facebook.com/AotearoaPsychologyGraduateStudents - the page is in its infancy but please 'Like' it if you're on Facebook and we can continue to develop this page in an interactive manner.

That is all until November from us. I'd like to wish all of you a fruitful remainder of the year which, as I noted in my earlier cliché, really is going too fast. This may be an exciting prospect for those of you coming to the end of a programme of study and looking forward to future adventures, but also frightening in that it means you actually have to finish your work. Good luck to everybody and if you're interested in contributing to the student forum in the next issue of *Psychology Aotearoa*, please contact me at **rcase@waikato.ac.nz**

Student Representative on NZPsS Executive

Jessica McIvor has been co-opted as a student representative on the NZPsS Executive. When she's not studying psychology you'll find her playing netball, catching up with other students or just having a yarn to some old mates. A recent bungy jump off Kawarau Bridge in Queenstown was also just the exhilaration she needed to kick start off the year.

The reason for co-opting Jessica on the Executive is to ensure that the Society is in touch with students and aware of the issues that are important to them and Jessica's appointment will assist in this. The student co-optee position is for 12 months and will be reviewed at the end of that period. Jessica is currently enrolled in a Doctorate of Clinical Psychology at Massey University and is an active member of ICP. She looks forward to making contact with postgraduate students from all areas of psychology as she gains experience in the role. Jessica can be contacted at **office@psychology.org.nz**

Have you seen the new student page on our website?

It's called ***STUDENT HQ*** and has lots of interesting information. Not only about joining the Society as a student subscriber and listing all the benefits this entails, but also information about the different careers in psychology and links to other sites, such as "*Selfcare for students*", "*Lifehack*", "*Tuning in to Psychology: Free Lectures through iTunes University*", "*Simply Psychology*" and other research sites.

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

http://www.psychology.org.nz/Students_HQ

Different Coloured Tears: Bicultural Bereavement- A study

Kiri Edge

Māori and Psychology Research Unit, The University of Waikato

Kiri Edge is of Ngati Maniapoto and Scottish descent. She is mother to Matai (5) and is a doctoral candidate and student of the community psychology programme in the School of Psychology at the University of Waikato. Her current research focuses on bicultural processes surrounding Tangihanga.

Although whānau/families that are configured by both Māori and Pākehā identities number significantly in New Zealand/Aotearoa, there has been little scholarly attention paid to the ways in which these identities influence bereavement processes that will impact on the lives of bicultural whānau/families. As part of the Tangi Research Programme, based at the University of Waikato, a doctoral study is currently exploring the pathways that Māori and Pākehā bicultural whānau establish in mourning, grieving and moving on through life. Of specific interest are the processes of negotiation, conflict and resolution that occur across these cultural worlds whilst deciding on, organising and enacting funeral/tangi rituals for a significant loved one. The intent of the research is to contribute understandings that inform processes, policy and practice to support bicultural whānau through bereavement and beyond.

The grief that accompanies the death of a significant loved one is experienced by people all around the world; it is a human experience. The death of a loved friend, family member or significant other is a major, critical event which causes profound and lasting disruption for those left behind (Valentine 2006). Despite the universality of death, it does not necessarily provoke the same responses and accompanying expressions across both individuals and cultures (Stroebe, Gergen et al. 1992; Hayslip and Peveto 2005). Some research within this area has conceptualised grief as a social construction, the differences within which are relative to the differences across societies or cultures (Laurie and Neimeyer 2008). Death and bereavement do not occur in a vacuum, but are located within specific societal and cultural contexts (Tedeschi and Calhoun 2008). Culture is particularly influential, as it informs the meanings that are assigned to death and provides a guide for what constitutes an appropriate response to such critical events (Hayslip and Peveto 2005). The interaction between death, grief and culture has drawn some attention internationally, but has been relatively unexplored in the context of Aotearoa/New Zealand (Nikora and Te Awekotuku 2013).

The current study is concerned with what occurs when different cultural identities are located in one bereavement event. Increased mobility in the modern age has and continues to bring different cultures into contact. Through the history of New Zealand/Aotearoa, we see how such engagements have shaped the cultural face of a country. Intermarriage between Māori, the indigenous peoples of New Zealand/Aotearoa, and people of other ethnicities has been on-going since the first vessels of exploration and trade encountered these isles in the 18th century (Harré 1966). The traders and explorers brought new economic potentialities of considerable interest to Māori, yet relations between Māori and Pākehā were far from congenial (Walker 1990). The colonisation of New Zealand/Aotearoa injected foreign values, systems and authority into New Zealand/Aotearoa, systematically undermining those of the Māori peoples (Spoonley 1993). Māori suffered significant economic, social and cultural costs as a direct result of colonisation and assimilation, the effects of which are pervasive and on-going (Durie 2005). Following World War II, large numbers of Māori moved to urban centres, leaving their traditional lands and communal based societies (Durie 1989). The urban shift provided opportunities for Māori and Pākehā to meet in ways not previously experienced (Durie 2005). Inter-group tensions and conflicts were apparent, influenced by cultural differences but also the broader socio-political structures that afforded preferential status, authority and opportunities for Pākehā (Walker 1990; King 2003).

Despite cross-cultural tensions, contact between Māori and Pākehā resulted in the formation of intimate

relationships for some. Māori and Pākehā intermarriage has remained an enduring feature of the New Zealand/Aotearoa population landscape. As the 2006 census noted 42% (or approximately 237,438) of Māori also identify with British/European ethnic groups (Statistics New Zealand 2007). Within bicultural whānau/families, different life ways have been explored and negotiated bringing new meaning to daily life and the living through of relationships, that is, intimate relationships, familial relationships, and those that extend into work, recreation and friendship networks as well as whānau, hapū, marae and iwi networks.

Despite the universality of death, it does not necessarily provoke the same responses and accompanying expressions across both individuals and cultures

Research amongst the progeny of Māori and Pākehā intermarriage indicates that for some, their values and perceptions are impacted by two cultural identities that do not always sit comfortably together (Moeke-Maxwell 2003). Although dated, Harré's (1966) study of Māori and Pākehā intercultural relationships provides an insightful analysis of these unions. The participants in Harré's study noted a range of cultural differences they encountered. Obvious differences included language and food preferences. Less tangible but equally important differences related to Māori traditional values surrounding kinship solidarity and obligations, particularly evident in Māori responses to, and the ritualization of death.

Inevitably, death intrudes upon and disrupts life, love, and relationships, those left behind may call upon culturally embedded systems of knowledge in the search for meaning and order. Although each individual tangi or funeral will be unique and complex, stepping back from the detail of specific accounts enables general patterns to form. Dansey (1995) picks up on these patterns really well and describes some of the distinct ways in which Māori and Pākehā respond to death and grief. The Māori world answers the rupturing and disruption caused by death through the process of tangi, described by Nikora and Te Awekotuku (2013) as "...the complex of culturally defined mourning practices and rituals through which Māori respond to death" (p.170). Tangihanga is the traditional Māori process whereby whānau community come together to grieve the death of a loved one. Similarly, Sinclair (1990) notes that tangi are a vehicle through which unity, interpersonal relationships and connectedness are displayed and enacted. Despite colonisation, criticism and opposition for over a century (Dansey 1995); tangi has been a persistent institution and one that has undoubtedly contributed to mourning processes in the Pākehā world (Nikora and Te Awekotuku 2013).

There is a relative scarcity of literature that specifically examines bereavement processes in the Pākehā world. Although predominantly of British or European descent, as immigrants to New Zealand/Aotearoa, Pākehā brought with them a range of ethnic, cultural and religious backgrounds. Such diversity creates difficulties in ascertaining specific responses to death within Pākehā culture. Schwass's (2005) compilation of approaches to death in New Zealand/Aotearoa is indicative of this point, being devoid of any specific commentary on Pākehā responses to death. Hera (1996) provides further explanation, noting that industrialization has eradicated traditional knowledge surrounding death in Pākehā culture, creating a gap which has been filled by the funeral industry. Schafer (2007) asserts the legitimate role of the funeral industry within Pākehā death rituals, congratulating their continued effects towards personalisation of services, professionalism and promoting a social construction of grief that is both innate and natural. However, the engagement between funerary professionals and bereavement is of a commercial and financial nature, regardless of the level of care or breadth of services offered.

Tangihanga is the traditional Māori process whereby whānau community come together to grieve the death of a loved one

Although differences between Māori and Pākehā bereavement pathways can be discussed generally, for bicultural whānau/families, these are experienced in a more immediate and personal sense. Within bicultural bereavement events, distinct cultural worlds may come to the fore within the critical processes that accompany death. Theoretically, bicultural whānau/families may enjoy the resources of two cultural communities which afford choices of rituals from two cultural worlds. However, the potential for misunderstanding, tension and conflict cannot be ignored. Cultural differences may overlay complexity upon an already difficult and emotive time. With such aspects in mind, the current study is critically focussed upon processes of negotiation, conflict and resolution that potentially manifest in Māori and Pākehā bicultural bereavement events.

The understandings of conflict and its potential resolution have largely been dominated by western conceptual frameworks (Groeppel-Klein, Germelmann et al. 2010). Within these frameworks, cultural difference

is constructed as an inevitable cause of conflict, rather than a potential resource (Brigg and Bleiker 2011).

Within bicultural bereavement events, distinct cultural worlds may come to the fore within the critical processes that accompany death.

Furthermore, such models of resolution favour an individualized, predictable and linear process that excludes emotion, relationships, social ties and spiritual or ritual dimensions (Demoulin and de Dreu 2010; Brigg and Bleiker 2011). The cultural specificity of such models limits their ability to understand and address conflict stemming from cultural difference (Groeppel-Klein, Germelmann et al. 2010). These points have important implications for the current topic of interest. To be of benefit to bicultural whānau, conflict resolution processes must have the capacity to address cultural difference. Such strategies must also be cognizant of the ways in which conflict is understood and remedied within Māori and Pākehā cultures respectively. These dimensions are foundational to the topic of interest.

While many death rituals for a loved one are relatively private and well-negotiated affairs, sometimes conflict does arise. High profile cases of conflict have been thrust into the public arena by the media, notably that of Billy T James (The Evening Post 1997), and more recently, James Takamore (NZPA 2008). The media is a powerful transmitter of information; the dissemination of which may privilege the views of some whilst ignoring others, shaping what information is conveyed to its readers (Pietikaninen 2003). In a cursory examination of media reporting of bicultural bereavement conflict, some fail to present a balanced outline of the issues and perspectives involved. Indeed, some reports are illustrative of culturally divisive and sensationalistic reporting. This warrants further examination, particularly in relation to underlying socio-cultural processes, relationships and the social positioning of certain groups (Loto, Hodgetts et al. 2006). Such media portrayals limit public understandings of these situations, and impact negatively on whānau/family members directly involved. In one such case, a family member laid a formal allegation of defamation against a national newspaper, for labelling the complainant as the "body-snatching uncle" (The Evening Post 1997).

Investigating the experiences and perspectives of this cohort will expand the range of perspectives and generate a multi-level understanding of issues and processes that manifest for Māori and Pākehā bicultural whānau/families through bereavement processes.

The current study will be conducted across two research phases. The first phase has explored and documented the bereavement experiences of five individuals from four different Māori and Pākehā bicultural whānau. In each instance, individuals in expert and/or professional roles were indicated variously as supportive or prohibitive factors. As such, the body of knowledge from the personal case studies gives rise to an examination of expert and/or professional perspectives from those who engage in bicultural tangi/funeral processes. Accordingly, the second research phase seeks to explore the perspectives of expert and/or professionals who facilitate, mediate and/or enact bicultural bereavement processes. Marae representatives, ritual experts, funeral directors, religious ministers, and in some cases, coroners, assume important roles in mediating bereavement processes. Investigating the experiences and perspectives of this cohort will expand the range of perspectives and generate a multi-level understanding of issues and processes that manifest for Māori and Pākehā bicultural whānau/families through bereavement processes. Specifically, this line of enquiry seeks to identify issues relating to constraints, resources, and legalities from a range of individual and institutional viewpoints. Through the analysis of media portrayals, consideration will also be given to the broader socio-cultural and political contexts in which bicultural bereavement processes are situated.

Media coverage of bicultural bereavement conflict has called for legislative amendment to address the issues. However, caution must be applied as further research is required to inform and support any legislative changes. With the limited understandings that are currently available, there is a clear need for further research to be conducted on bicultural bereavement processes and the issues that arise for Māori and Pākehā bicultural whānau.

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Indigenous Psychologies: Our Past, Present and Future Conference.16-17th November 2012

Jane Currie
Masters student at Waikato University

Jane Currie was a Course Coordinator for PSYC 102 at Waikato University in 2012 where she is now completing her Masters in Psychology into "Illness perceptions of women with high risk pregnancies".

Braiding rivers and opening doors: A Personal Commentary on the Indigenous Psychologies Conference.

Encouraged by Associate Professor Linda Waimarie Nikora to attend the Indigenous Psychology conference in Auckland on the 16/17th November 2012 provided me, as a European-born psychology student, with a unique opportunity to experience the array of work being done in the area of indigenous psychology in New Zealand.

Dr Nikora set the stage on the first day with an address encouraging all participants to look for common ground and she challenged us to take note that this gathering was a rare opportunity with the last conference occurring five years before. The world that indigenous psychology faced was changing for the better, but more work was needed to ensure that worldviews of indigenous peoples were represented accurately within psychology in New Zealand. She also asked whether Māori were now willing to develop their own Māori psychology organisation similar to what had occurred for Pasifika psychology through 'Pasifikology'.

Professor Angus Macfarlane brought his wealth of experience to the topic of melding Western and Indigenous psychological concepts together- where one is not rejecting of the other but looks for its appropriate placing- or as he developed the concept of 'awa whiria' – braided rivers and ' huakina mai'- opening doorways.

There were many doorways to take at the conference with different streams for Pasifikology, professional development, new innovations, education and parenting, and new solutions being provided into indigenous communities. Sometimes I almost wished I could have divided myself

in three - but I chose areas where I thought my views would mostly diverge. While I did feel myself at times challenged in my thinking, I also came away each day with a sense of gratitude for the courage presenters showed in being honest about their struggles and a sense of hope from some amazing work being done. This included working with homeless men and gang members wishing to leave the gangs, with research into self-harming, with bringing 'wairua' into everyday practice for our own wellbeing as well as that of our clients. It also included understanding the horrific suicide statistics, sexual abuse and the interconnectedness that we have with our communities and our land. The conference content was not shying away from the 'hard to look at' but rather embracing it. I suddenly noticed that I was no longer an outsider looking in - I was a participant who cared deeply about what was happening in my society. Indigenous psychology was no longer 'something out there' to be studied and understood- but I realised was entering into my psyche - into my world. I think, similar to many participants at the conference, it felt like a breath of fresh air - a new and exciting vantage point. I was challenged to look at what I was leaving behind.

Two speakers contested my view as to the role of a psychologist. The first was Dr Karlo Mila, who in sharing completely transformed my views on psychosis from a Tongan perspective. Her ability to meld her creative edge into her work was demonstrated by her poetry. She inspired us all to look for creative and innovative methods to attract the attention of our target groups - in her case the empowering of young Pasifika women. The second speaker was Vickie Hovane, an Aboriginal psychologist who has specialised in sexual abuse in her own community. As she explained, sexual abuse is not an inherent Aboriginal cultural value but rather can be hidden due to mistaken cultural beliefs, where perpetrators are protected and victims further victimised, especially when highlighting it can bring shame onto a family. She called for culture leadership to stress that this is a cultural lie and bring perpetuators to justice. She believed that only a self -destructing society would do otherwise.

I have come away from the conference thinking about how much Māori and Pasifika psychology can offer New Zealand society- and I find that I go back to Professor Angus Macfarlane's words of 'awa whiria' and 'haukina mai' - braided rivers and opening doorways - and isn't that what New Zealand psychology should be about ?

Rosalind Case asks students some questions

Name: **David Livermore**
Age: **40**

Please describe your current programme of study and when you expect it to be completed.

I am currently enrolled in the PGDipEdPsych (Internship) programme at Massey University (Albany). The course is designed for students to become fully registered as educational psychologists. It comprises of 4 papers requiring the submission of 10 case studies, 4 observation reports, two research projects and an oral exam. I am expected to complete this course in November 2014.

At what point in your education did you choose psychology as a pathway?

I completed a PGDipEd (Special Needs Resource Teaching) in 2009 as a requirement for my current job. I always had an interest in psychology and decided to further my education in 2010 towards the MEdPsych and PGDipEdPsych.

How did you select a graduate programme of study?

Massey was the only university in New Zealand at the time that provided this programme.

What factors contributed to your choice of university?

It was the only university and I live in Auckland and the programme is based in Auckland which further influenced my decision.

What are some of the rumours you've heard about psychology graduate study?

None that I can recall.

How does your experience of graduate study in psychology compare to your expectations when you began?

I have really enjoyed the study and feel I have been prepared well for continuing my work as an educational psychologist.

What do you think are the best aspects of your particular study programme?

Block courses and the fact that the course and lecturers are based near to where I live (Auckland).

As an aside, the New Zealand Psychological Society is interested in learning more about what students would like from a psychology student membership association – what do you think a student membership association could offer or provide to psychology graduate students?

Regular updates and newsletters about the types of research that are currently being completed in the field of educational psychology.

Name: Jenny Devine
Age: 27

Please describe your current programme of study and when you expect it to be completed.

Post Graduate Diploma in Educational Psychology. The Internship year requires completion of 1500 hours supervised fieldwork in addition to completing four papers. The programme will be completed at the end of November 2013.

At what point in your education did you choose psychology as a pathway?

First year of undergraduate degree at Victoria University. I completed a number of different papers in different subjects and psychology and education were the two areas I chose to pursue.

How did you select a graduate programme of study?

I was originally enrolled at Canterbury University with the intention of completing the Child and Family Programme. At that point I had completed my teacher training (Primary) and knew I wanted to work in the area of psychology within the school setting. The Child and Family Programme was the course that I thought would give me the best opportunity at working in that area. It was half-way through my first year at Canterbury that by chance I was informed of the Massey University Educational Psychology programme. Up to that point I did not know it had existed. When I researched the programme I considered it a much better fit to what I wanted to study and the career I wanted to pursue and subsequently I transferred to that programme.

What factors contributed to your choice of university?

Massey University was the only university in New Zealand at the time (2009) that offered the Educational Psychology programme.

What are some of the rumours you've heard about psychology graduate study?

One 'rumour' is that the clinical psychology graduate training is the most difficult and competitive area of psychology graduate training.

How does your experience of graduate study in psychology compare to your expectations when you began?

Did not have many expectations as I knew relatively little about the Massey Ed Psych programme but in hindsight would say my expectations were exceeded.

What do you think are the best aspects of your particular study programme?

The foundation it provides to work as an educational psychologist. I consider the programme to be current and relevant to the profession.

As an aside, the New Zealand Psychological Society is interested in learning more about what students would like from a psychology student membership association – what do you think a student membership association could offer or provide to psychology graduate students?

Highlighting the different career options for our respective qualifications; Advocacy for our rights as interns.

Name: Katharine Bolton
Age: 22

Please describe your current programme of study and when you expect it to be completed.

MSc in Applied Psychology, two years full time, complete end of 2014.

At what point in your education did you choose psychology as a pathway?

6 months into my BA, I had selected to study English, Anthropology and Psychology to explore options. Psychology was the most appealing of the three, having never had the opportunity to study it before at university level, so I chose it and anthropology as my two majors.

How did you select a graduate

programme of study?

From seminars in 300 level, and I saw that it seemed appropriate given my interests and grades.

What factors contributed to your choice of university?

I was already enrolled at University of Canterbury, and this university is the only one in all of the country to offer such a programme (Editor's note: I have a sneaking suspicion there's a few more of these programmes on offer around the country…)

What are some of the rumours you've heard about psychology graduate study?

It is very good and very well respected, most graduates get good jobs. Part 1 is difficult and full on, but the assignments really help prepare for the workforce.

How does your experience of graduate study in psychology compare to your expectations when you began?

I started wanting to do a different branch of psychology (clinical), and am now studying Applied Psychology, so it is different, but I think the experience does match the expectations I had in 300 level.

What do you think are the best aspects of your particular study programme?

The constant researching and relating what we do to the real world, we can see what is happening for ourselves. The lecturers are great aids to our knowledge as well.

As an aside, the New Zealand Psychological Society is interested in learning more about what students would like from a psychology student membership association – what do you think a student membership association could offer or provide to psychology graduate students?

Further networking skills and seminar notification. Perhaps also the chance to write for or assist in researching/writing a piece for the Society on a regular basis.

The New Zealand Psychological Society
Annual Conference supported by
The University of Auckland Psychology
Department, 6 - 9 September 2013
Owen G Glenn Building, Auckland University

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If you would like to attend both the conference and a pre-conference workshop please choose the conference and workshop package option as this will give you a discount. For a day registration in combination with a workshop please deduct a discount of $30 from the overall fee.
Mail this completed form together with your cheque or credit card payment or invoice purchase order to: NZ Psychological Society, PO Box 4092, Wellington 6140 - or fax this to: 04 4734889 - or email: conference@psychology.org.nz - **Online registration and payment is also available:** www.psychology.org.nz/annual-conference-2013-registration

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☐ Saturday ☐ Sunday ☐ Monday PLEASE TICK THE DAY YOU WILL ATTEND

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Sonja Macfarlane	1.30am - 5.00pm	$140.00	$165.00	$70.00	$100.00	$ _____
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I will be bringing a guest to the Conference Dinner	☐	$75.00	$ _____

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