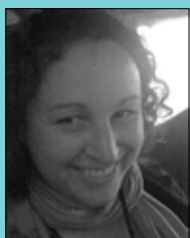


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President's Korero—Frank O'Connor



In some years, the winter of the heart comes sooner than the winter of the body. As summer's glory continues to warm my body, my heart cools with the loss and pain felt, and yet to be felt, by so many in our communities and our nations. In places near to many thousands of people, the sky and earth

have opened, the sea has sprung from its place and radiation has tried to escape its confinement. Each caused devastating disturbance to the way things were, and the differing ways in which people adjust have been very evident.

So have been the differing ways people care for one another, and conduct their working relationships. When an entire population is disturbed, care comes to the fore as effort is made to find and provide for those worst affected. The temptation to help in areas in which I am not fully skilled has emerged again. Surely I can meet the urgent needs of some of these people? But I'm guided by the second principle of our Code of Ethics: to care responsibly. Strain and emergency conditions might encourage us to lower standards of care.

But if psychologists have a primary responsibility to protect the welfare of those with whom they work, I must put my efforts into things for which I am properly skilled. After reflection, I find I have no difficulty entrusting family to my colleagues for the assistance they need. I can't be carer and family, can I? And I can't stop being family. So I will support their return to well-being by helping them get good helpers, and not compromising their vulnerabilities. And I can apply myself to areas that I better understand.

Our clients need to know about the reasons we do things and the way we do them, even when we are hurrying and tired. This is part of being honest with them, making sense to them and fitting with the way they see the world, as much as can be arranged. Then they'll know they will be safe, treated with respect and assisted as thoroughly as we know how, in a way that suits them. And they'll heal faster too.

I'm guided also by the third principle of our Code of Ethics, which expects me, at least in my work, to conduct relationships with integrity. An intriguing tension exists in volunteering to provide services at a reduced or nil fee. The principle doesn't allow us to drop our standards, though. And I have to accept that assisting a family member in a professional way is a dual relationship fraught with potential for conflict of interest. Best not go there.

For me as a private practitioner, a tension arises from our Code §3.4.3. "Psychologists do not exploit any work relationship to further their own personal or business interests. Work relationships included are those with clients, research participants, students, employers, and employees under their direct supervision." So how do I sell my services and feed my family? I think the key lies in 'exploit', which encourages restraint in situations where advantage might be seen to be taken. Messy, when you work alongside people who sell for a living and don't have qualms about such things. Yet I can't argue with the importance of trying to keep clear the reasons for which actions are being taken. Given the variability of perceptions formed by others, I don't expect to get this right all the time, especially when homeless people are desperate for solace and a sense of safety.

Managing conflict of interest becomes especially important when the client receiving assistance from one of us isn't paying for the help. We can hope that the client and funders interests are somewhat aligned if they are joined by family ties, but know not to assume. If the family sees it differently to the court or the school or the employer, things get more complex. More so if the help is being provided to a group who have differing views, funded by another entity and perhaps reviewed by a third, as is the case for a psychologist leading a resilience programme readying people to return to work. That third party may be the media, looking over our shoulders as we try to help people get back to some ordinary living after the disruption.

In the last month, I have noticed a pleasing difference in public expectation and media reporting of psychological first aid and the need for significant assistance for those highly disturbed in the aftermath in Christchurch. Acceptance is greater now that the need is real for more people, probably brought home by loss of life and major injury to people and property. We can help more when people and those around them accept that help might be needed and valuable. We can also be torn more easily by the interests of better informed parties.

Another source of conflict of interest can come from within us, especially in the presence of media attention and reduction in usual structures. As psychologists, we need to be careful not to lose our professional rigour when responding to the media portrayal of what's happening. It is possible to work with media personnel to get effective messages out there, and to do so in a way that can be interesting to the audience. Yet we are bound by our

Code to stay in our areas of knowledge, ever mindful that psychology is about helping people live their lives in a complex world, not about what amuses most easily.

In stable, gentle times, when food, company and shelter are what we're used to and prefer, these principles are most often easy to live with. From time to time, a challenge will arise. A temptation. A diversion. A short cut. An easy way to get to a more comfortable place. Resisting is part of being a psychologist.

Editorial

Tēnā kotou katoa



This is my first outing as the new co-editor (with Pam Hyde) of *Psychology Aotearoa*, and I would like to begin by expressing our sincere thanks to Pam for the enormous effort that she has invested and for being the sole front-person since she took up the role of Executive Director. Without her efforts, *Psychology Aotearoa* would not have thrived as it has. Many thanks, Pam.

At the time of publication of this issue, many of our colleagues are still contending with the aftermath of the Christchurch earthquake and the process of trying to get everything back on track in that city. Considerable efforts have been made by various members of the

Society to assist with this process. I believe it is fitting that we dedicate this issue of *Psychology Aotearoa* to the people of Christchurch and particularly our colleagues in that region. Although there are some signs of redevelopment, there is clearly a long way to go, and we extend our thoughts and best wishes to you all, as well as any practical assistance that we can provide.

This issue features a diversity of topics and papers. We are delighted to include another peer-reviewed paper in *Psychology Aotearoa*, by Helen Norman in the "Practice, Research and Education" section. We also bring to your attention in this section a new initiative, the inclusion of recent abstracts from Master's and PhD research theses completed in 2010. The aim of this initiative 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. The first set comprises abstracts from theses in the field of I/O psychology, from Auckland, Massey and Waikato universities. Due to the earthquake, unfortunately we were unable to compile a set of abstracts from the I/O programme at the University of Canterbury, but we hope to achieve this in due course. Abstracts from other areas of psychology will also be compiled and posted on the website.

Finally, we 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, which are its life-blood. In addition, if you have any feedback on the content or the format of *Psychology Aotearoa*, please do not hesitate to contact us.

Ngā mihi nui
Michael O'Driscoll
Editor (psyc0181@waikato.ac.nz)

OBITUARY

Don Brown



Dr Don Brown who was a Fellow of the NZ Psychological Society and an Associate of the NZ Educational Institute, passed away at his home in Waikanae after a long illness on 8th November 2010. He was marking theses and thinking about the challenges for educational psychology up to within a fortnight of his death, which will be of little surprise to those who knew him.

Don was probably best known to New Zealand psychologists for his inspirational leadership as Chief Psychologist (1978-1986) and then as Director of Special Education (1986- 1989) within the former Department of Education. He ran a typically innovative integrated educational and clinical psychology programme at Victoria University for three years immediately prior to his appointment as Chief Psychologist. With his wife Lottie Thompson, Don worked as an educational consultant from 1989 until 1996 when he was appointed as lecturer in secondary education at the Wellington College of Education. This programme too was innovative, having very strong pedagogical and instructional-modelling components. In 1999 Don was appointed as the Director of the Victoria University Resource Teacher of Learning and Behaviour (RTLb) training programme. The following year, he and Lottie co-authored a book based on their consultancy work, on cooperative learning in New Zealand schools. He presented or published with others, eighteen significant papers and presented 78 seminars and workshops in the ten years from 2000. Don was then, an outstanding teacher and mentor to at least three generations of psychologists, to the first generation of RTLb and to special education teachers generally.

Don was equally well known to parents for his strong

advocacy for their active involvement in their children's education, from the development of Individual Educational Plans (IEPs) to the development of special education policy. Throughout his career Don contributed very significantly to the introduction of the educational philosophy of mainstreaming /inclusion, to the notion of children's rights (he made an early stand against corporal punishment in schools) and to the development of inclusive teaching practices and ecological and curriculum based assessment and instructional practices in New Zealand schools. Don also served on the Social Development Council, the Board of the Special Olympics, the Health-Education Welfare Committee and the Community Education Initiative Scheme. He also worked as a consultant to the NZ Autism Association, the IHC, the Crippled Children's Society, the Royal NZ Foundation for the Blind and the NZ Federation for Deaf Children. He moved easily to and from working as a psychologist in schools and the community, as a senior professional manager within education and as a university lecturer and researcher, influencing all whom he worked with.

Don was a highly valued member of the NZ Psychological Society and was the inaugural recipient of the Dame Marie Clay award.

The NZ Psychological Society shares in the sorrow of his family and particularly his wife and professional colleague Lottie and their children, for the passing of a wonderfully kind, humble and gifted man. He was a good friend and colleague to many members of the Society and we acknowledge and honour his passing.

Our thanks to Peter Coleman for this obituary.

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 2011 life members listed below were invited to write about their journey in psychology and the contributions received are featured.

Graeme Clarke
 Carl Dibble
 Brian Dixon
 Ron Hutton
 Michael O'Driscoll
 John Park
 Anne Phipps
 Mark Sinclair
 Peter Sutherland
 John Watson



Graeme Clarke

Good grief! Thirty years and you achieve Life Membership and the chance to create your own biography. What a great feeling to be acknowledged for lasting so long, thank you - operant conditioning at its best.

I recall the day I was working in a holiday job at Templeton Hospital, a psychopaedic institution and realising I wanted to move away from the biology and chemistry degree I was engaged in at the time, to human sciences and switching to psychology and education. It felt so right, and my grades began to reflect that. I was subsequently accepted into the Canterbury clinical psychology diploma course with a bunch of inspiring colleagues. Now thirty years later, absolutely no regrets.

The five years at Templeton, and six at Sunnyside Hospital gave a great grounding. Work at the Acute Clinic Fergusson three, with some highly humane and competent people was also enlightening. Many are now in leadership and management positions, and have become close friends. A role of senior psychologist at Christchurch Hospital helped to stimulate the interest in the mind-body interface.

Around the early 1990s interests in hypnosis and sport took hold. The interest in hypnosis remains after being involved in the inaugural NZ group, and taking up positions of secretary and examiner, after completing the NZ Diploma in Clinical Hypnosis. This involved many trips to various parts of Australia for meetings and conferences. I continue to be intrigued with the construct of trance, and find it valuable for understanding the complexities of coping strategies and dissociative phenomenon. Sport was another interest and I was a member of the inaugural group that formed the NZ Sport Psychology Association, and was the first president. It was also flattering to be asked to be one of the first sport psychologists involved with a major NZ sporting event, the Commonwealth Games in 1990. With Ken Hodge from Dunedin it was a stimulating time aiming to integrate the disciplines of physical education and psychology. Sport psychology also helped to understand the knowledge of how we function 'well'; constructs such as peak performance state provided a healthy complement to the knowledge gained from clinical psychology.

In 1990, I took the plunge into full time private practice, and with a young family the move was taken with some trepidation. I was fortunate to have considerable support and gradually built up a positive practice. A useful move financially was purchasing my own rooms in 2000. I would recommend anybody in private practice to do the same thing. Ten years down the track the rooms are paid for in contrast with what would have been a bottomless rental void.

Clinical psychology interests in private practice have varied; I have enjoyed a full range of relationship work, and general 'clinical' referrals. In the late 1990s I began to carry out work in the area of traumatic brain injury, and this complimented the knowledge and experience of clients' adjustment to physical injury and general trauma.

The theoretical model I was trained in was CBT. The hypnosis group allowed exposure to Ericksonian approaches which suited my style i.e. utilising existing personal strengths, the belief each individual has the resources to work things out, develop skills, and the congruence of humanistic philosophy. Workshops by Michael Yapko and Jeffrey Zeig still resonate. The power of just listening and connecting, the Karl Rogers humanistic approach, is a major therapeutic change agent. I have also embraced Mindfulness CBT and Emotional Focused Therapy.

It is exciting to process the evidence-based data that

continues to build. There also needs to be a way of keeping creative and finding and evolving strategies that utilise the crucible of experiential learning. I have felt privileged to have learnt so much from clients, and the many gems clients offer are often the anecdotes most helpful to others. I have also learnt a lot from some wonderful colleagues and fellow health professionals, and have always enjoyed being a team player.

Along the way I have been blessed to have great friends and a partner of 32 years who tolerates and grows with me. Our three adult children seem to be well grounded which is a miracle. Being children of a psychologist is not the easiest.

I maintain regular exercise, watch the diet and try to keep a balance. I continue to play golf, but embarrassingly have struggled with a dose of the yips following some visual difficulties; but what a learning experience! Another recent passion is playing the guitar, and trying to compose and do a bit of singing. I enjoy this even if others cringe.

I am also proud to be a Kiwi. The recent earthquakes get it all into perspective. The right conditions can bring out the best in us. Creating these conditions socially and politically away from times of trauma is the challenge. Personally it is a direction that beckons, along with celebrating the simple pleasures of everyday life.



Carl Dibble

My career as a clinical psychologist commenced in mid 1978 when I started an internship at Tokanui Psychiatric Hospital. I have many memories of my time there, some positive others less so. There was

an excellent sense of collegial support among the new and small psychology department, viewed by many other professional groups with some suspicion and even disregard. Clinical psychology was not the comparatively well established profession it is today.

I was awarded the Diploma in Clinical Psychology from Waikato University in 1980. Soon afterwards I became a member of the NZ Psychological Society, a membership I have maintained to the present time. In 1981 I obtained employment at Waikato Hospital in the Psychology Department situated at Ward 29, an inpatient psychiatric facility that also provided outpatient services and services to the general hospital. Through this involvement I gained broad experience with a diverse range of human difficulties and clinical interventions. My caseload included input to the Rehabilitation Department at Waikato Hospital where I gained experience assisting individuals with the

management of chronic pain, physical and closed head injury. I became a foundation member of the NZ Ergonomics Society. In 1985 I started part-time private practice while continuing to work at Waikato Hospital. At that time very few clinical psychologists were in private practice because the general population in New Zealand knew little about our profession, let alone seeking out its services. One of my career goals has been to raise the profile of clinical psychology and normalise its use by the general population. For this reason I have typically run my private practice from medical centres in the community where clinical psychology can be seen as just another everyday form of health care. In 1990 I became senior psychologist in charge of the psychology service at Ward 29 Waikato Hospital. I had a managerial and clinical caseload and was actively involved in supervising clinical psychology interns from Waikato University placed with our service. In 1995 I reduced to part-time at Waikato Hospital and increased my hours in private practice. I successfully lead the psychology service at Ward 29, Waikato Hospital through its first ever accreditation survey in 1997.

I have been in full time private practice since 1998 and continue to enjoy the challenge of working with a diverse population including Family Court work, an involvement that now spans twenty five years.



Ron Hutton

How to help kids learn was a primary motivation in my decision to become an educational psychologist. In 1977 I was teaching in Dunedin when I heard about a new training programme beginning at Otago University under the guidance

of Dr Dan McKerracher. I applied to join the programme and began my training in 1978, the first year of the Otago programme. In those days the Department of Education gave three year scholarships to train with full salary! My training was an amalgam of the more traditional, as taught by Dan, with the emerging ideas underpinned by applied behaviour analysis, as taught by Keith Ballard. Oh, the debates we used to have particularly around projective and norm-referenced assessment. However, both lecturers emphasized that every case should be underpinned by current research in the primary areas of assessment, intervention and evaluation.

Following my graduation our family re-located to Tauranga where I spent seven years with the Psychological Service of the Department of Education. Because I had a young family I became very involved in working in early

childhood and worked in facilities with staff employed by CCS and IHC. Assistive technology, particularly computers (remember the Commodore 64 and the Apple IIe) were beginning to become a part of intervention strategies and I enthusiastically embraced this new intervention tool.

An opportunity to work in Thames as a senior psychologist occurred in 1986 and the family relocated to the Thames Coast. Whilst the living was fraught, the professional life was refreshing and re-invigorating as the professionals in the Coromandel area worked together in a cooperative and collaborative manner. Along with others, I was instrumental in setting up an itinerant service to assist parents with under fives who had special needs.

Tomorrow's Schools began in 1989 and we had moved to Havelock North. The Psychological Service was absorbed into the new multi-disciplinary Special Education Service (SES). Initially, the psychological practice remained familiar but gradually it began to narrow in focus as successive governments only purchased certain psychological skills. Seeing colleagues leave the service over the years to practice in other fields has been sad because a great deal of knowledge and skill has been lost to schools.

In 2000 I decided to study towards a doctorate in education through the professional programme offered by Massey University. The papers and research study combination appealed to my study habits and was able to be completed part-time. My research topic was researching how educational psychologists could assist classroom teachers to become more inclusive in their practice.

At the end of 2009 I decided to retire from full-time practice and we re-located to the beautiful Hibiscus Coast to be closer to family. Currently, I am practising part-time in the Ministry of Education working in the suburb of Mangere with children of various Pacific ethnicities. I am enjoying the renewed challenge of working in an environment that is rich in culture but needy in other areas.

Educational psychology has grown and developed over the past 30 years. In 1980 it was a minor player in the psychological community but has since become a major contributor. A recent example was its contribution to the 'smacking debate'. It remains a challenging profession in which to practice but it has also given me many wonderful memories of children achieving, teachers developing new strategies and knowledge, parents learning new skills and colleagues providing collaborative and challenging advice, guidance and support.



Michael O'Driscoll

Michael O'Driscoll is Professor of Psychology at the University of Waikato, Hamilton, New Zealand, where he has taught courses in organisational psychology since 1981 and convened the post-graduate programme in organisational psychology. He

obtained a Bachelor of Science (Honours) degree from the University of Western Australia in 1974, and a PhD in psychology from the Flinders University of South Australia in 1979. His primary research interests relate to work stress, coping and psychological well-being, and work-life balance. Michael's current major research projects focus on (a) workplace bullying and its relationship with stress and well-being, (b) assessment of work-life balance and its correlates, and (c) the psycho-social health, well-being and 'work-ability' of older workers. More generally, he is interested in work attitudes and behaviours, and the relationship between work and psycho-social well-being and health. He has published over 100 empirical and applied journal articles on these and other topics in organisational psychology, and has co-authored seven books and around 30 book chapters. He serves on the editorial boards of several academic journals, and is currently an associate editor for two international journals (*Work & Stress* and *Stress & Health*). From 2001-2006 Michael was editor of the *New Zealand Journal of Psychology*, and is now an associate editor for this journal. He was appointed editor of *Psychology Aotearoa* in August 2010. From 2002-2005 he was a member of the Executive Committee of NZPsS and Director of Professional Affairs. He was also chair of the Publications Committee from 2004-2006, and served as scientific programme convenor for the Society's annual conference in 2007 (shared with Mike Hills) and 2010. Michael has provided consulting services to a number of organisations, with a particular focus on work and well-being.



John B Park

Following a mixed decade of study, international travel, and multiple occupations across a range of industries, gravitating towards business studies, John began a career in education.

Teaching in primary at first, and later in a rural secondary school, he developed an interest in educational psychology. The relative absence of special needs facilities in rural areas led to a focus on

their inclusion in meeting special needs. This interest led to Auckland University where he trained under the guidance of Dame Marie Clay, Ted Glynn, and other influential leaders in the field, joining the Psychological Service, providing a consultative service to a wide variety of schools and their communities. During his time in the service he also contributed to a range of community college programmes. During the eighties, he published the Diagnostic Maths Survey, a criterion referenced tool for (special needs) mathematics programming, and a series of plain language publications used in parenting workshops and currently in paediatric clinics.

After several years practice in the East Coast region, based in Gisborne, and Wairoa, John relocated to the South Auckland region, where he spent the remainder of the 80s working with largely rural schools and communities in the Counties Manukau area.

The abolition of the Psychological Service and establishment of the Special Education Service (SES) in 1989, brought significant changes in education, and a fundamental reshaping of the practice of educational psychology across the country. As was poignantly articulated by Don Brown et al (*Psychology Aotearoa*, May 2010), the 90s saw the practice of educational psychology restricted by the “service contract” methodology adopted by the SES, in which clinical decision making in the field was pre-empted by pre-set contracting, and educational psychologists were left with few opportunities to practice their craft.

In 2000, mindful of the seeming demise of educational psychology in New Zealand, John relocated to Queensland in Australia, where he joined Education Queensland. Over the next five years, both in the field, and also for a time in the role of the District Senior Guidance Officer, he had the opportunity to contribute to the development of a clinical assessment and diagnostic practices in the region. During this time, he jointly created a multi-disciplinary paediatric psychology clinic delivering diagnostic and treatment provisions for ADHD, autism, and other child behaviour presentations in the Fraser Coast region, bringing paediatric and psychological practices together in a “teamwork” model.

The year, 2005 brought an opportunity to join the Warwickshire Educational Psychology service in the UK, where John spent the next five years. While there he filled the role of specialist educational psychologist in ADHD and autism, working closely with clinical and psychiatric colleagues in National Health Service clinics in the county. A background in neuropsychology provided

the opportunity to contribute to further developments in diagnostic and treatment practices for ADHD and autism in the county.

John retired from Warwickshire in May 2010, returning to Queensland, where he divides his time between university teaching, and private practice, specialising in the diagnosis and treatment of children with autism.



Mark Sinclair

I have been interested in psychology since high school and after being temporarily sidetracked into mathematics and economics I majored in psychology at Auckland University. I enjoyed the exposure to

various theoretical viewpoints and models ranging from behavioural to cognitive to humanistic and working in an active behaviour laboratory with Mike Davison and Ivan Beale. This continued with graduate work at Queens University (Kingston, Ontario, Canada), where I conducted infant research and had a range of clinical placements in child mental health and corrections. I chose courses which bridged clinical and educational psychology, and after a post-doc in a busy children's hospital in Ottawa I found that I identified with clinical child psychology. Getting into clinical positions led into the bread and butter work of diagnosis and management of ADHD and the sometimes controversial issue of stimulant medication and whether other interventions work alone or alongside medication. One clinic I worked at was picketed by the Church of Scientology.

I worked in South Auckland in the early 80s for a period. However, Canada offered more niches for psychologists and I spent a significant portion of my career there. Directing a day treatment programme for emotionally disturbed children was an exciting challenge, which required facilitating collegial relationships between teachers, childcare workers and other clinical staff. Seeing children daily meant I could not harbour illusions about whether interventions actually worked. This also required coming to grips with the issues of the boundaries between behaviour management and psychotherapy and whether a school could provide a therapeutic environment.

With early clinical experiences spent in a kindergarten for children with autism, I have always been interested in the life and struggles of eccentric children and adults, who have increasingly ended up being diagnosed on the autistic spectrum. Much of my time over the past 15 years-back in NZ- has been spent assessing and treating neuro-

developmental disorders, often at the intersection of various diagnoses (ADHD, ASD, ID and dyslexia). I have always felt that children with more serious difficulties needed collaborative interventions and have remained working in a CAMHS (Child and Adolescent Mental Health Service) for a significant period of my time. One highlight at Counties Manukau has been organising and running a specialist behaviour clinic as an adjunct to a CAMHS but in a paediatric setting. A smaller part of my time has been spent in consultation and private clinical work. I have been involved in more adult work with disabled populations, much of it assessment, some forensic, with the new ID Act.

Over the past decade there have been substantial changes in child and adolescent mental health. Some have been positive while others seem to impose an adolescent or adult model of mental health on children. The focus on activities such as risk assessment seems to have overridden notions of childhood, things like play and fantasy. In the complex multicultural environment we live in I would hope to keep contributing to the development of new ideas and models for understanding childhood.



Peter Sutherland

Thirty years ago, Prof Alan Forbes inspired me to pursue a job opportunity with the Ministry of Defence as an occupational psychologist. The role turned out to be excellent for crafting

applied skills while building professional confidence. There was never room for positing vague conclusions or advice. One of my most rewarding projects was co-establishing the first naval multidisciplinary alcohol and drug rehabilitation programme with Liz Jamieson and medical and social worker colleagues. After three years as a field psychologist I was employed as Director of the Management and Divisional School which opened up a host of opportunities to develop and implement well researched, cognitive and behavioural based initiatives to cater to a highly diverse organisation.

Unlike many of my peers, I preferred not to pursue a lengthy career in the military. Fortuitously, a Coopers and Lybrand principal who was attending a lecture I was delivering to an MBA course at Auckland University, facilitated a job offer with the firm which I enthusiastically accepted. My challenge was to build a raft of organisational development services to cater to its New Zealand blue chip public and private client base. It is fair to say I was thrown in the deep end when it came to fee expectations, however after five years, a highly resilient national practice emerged

and in due course an offer of partnership. Instead I opted to pursue an independent practice focusing on offshore opportunities and formed Sutherland Associates Ltd in 1986. I am fortunate to report that since this time I have experienced a highly stimulating career comprising of a portfolio of projects, clients, and work contexts which have been nothing less than colourful and challenging.

Some of my more memorable activities have included establishing a pro bono counselling service for professional and executive victims of the Black Monday crash in 1987; delivering a ten year educational series for lawyers on practice performance strategies on behalf of the New Zealand Law Society's CLE programme (based on an original brief to run one seminar!); practicing as a transformation strategist for a number of government entities which were required to transition to SOEs and Crown companies, including Australian GBEs and working for a decade in the finance and banking sector in SE Asia for leading European based institutions requiring assistance with aligning their western business methods with markedly different eastern ideologies and business cultures. There has always been a strong demand for complementing my strategy work with private consultations for senior professionals requiring personal guidance and mentoring.

Where to from here? I am currently enjoying working on a couple of creative projects which convey the 'humorous' side of corporate life and the all too familiar idiosyncrasies which frustrate all of us, no matter what size organisation we belong to or engaged by. A selection of this work is planned for exhibition and publication in the coming months.



John Watson

Well it all started as a state house kid in post war Naenae in Lower Hutt. It certainly was a tough upbringing in those days. We moved to Hamilton when I was 10 years old. Managed to scrape through my secondary schooling getting School Certificate and UE

accredited second time round.... at least I wasn't a quitter!!

Commenced at Canterbury University 1965 and got interested in psychology as it was quite trendy then, but still did basics of BSc zoology and chemistry. After two years university, took a break and worked in Wellington for two years. Got a full time job as a housemaster at Auckland Boys home in 1968, and then Glennis and I married. I transferred to a Bachelor of Arts Degree at Auckland University and did part-time study for two

years. The big OE started in 1971 and ended up broke and pregnant in Wanganui late 1972. I got a transfer to a senior housemaster's job at Holdsworth school and then in 1975 transferred to Principal of Social Welfare Girls Home, Palmerston North.

Incidentally, the three social welfare institutions and the two psychiatric hospitals Tokanui and Lake Alice that I worked at, have ALL been closed down. The Manawaroa unit has now been morphed into a ward of Palmerston North Hospital.

Academic life really took off at Massey and by the time we had three children I had graduated three times. Following completion of Dip Clin Psych in 1981, I was transferred to a regional psychologist position with DSW in Christchurch and set up the specialist and psychological services in the South Island. This was pretty challenging particularly the child protection, Family Court and Criminal Court work. In 1993, as a result of restructuring I became a regional

psychologist without a region!!! After 25 challenging years of DSW I left and went into full time private practice.

The 25 years we had in Christchurch were really great. Wonderful group of psychologists to work with both within the Society and the College.

We moved from Christchurch to Turakina Beach in 2007 for a quieter life and warmer climate, but the challenge of both urban and rural work means a lot of travel between Whanganui and Palmerston North.

Thirty years as a qualified psychologist has meant great conferences all over the world to attend, amazing people to meet and a wonderful way to keep up best practice. Family Court, forensics, trauma and violence dominate my current work. One has to have a totally irrational commitment to children in order to keep up Family Court and CYFS work. I still have the commitment and the energy to keep on keeping on and look forward to gradually slowing down.

Otago-Southland Branch News

Brian Dixon-Branch Chair

The Otago-Southland branch has had a pretty busy time lately and there's a lot more to come this winter with the Society's annual conference being held in Queenstown this year! Note the dates of the conference: 20-23 August.

Dr Pamela Hyde (Executive Director) visited Dunedin in early March and, assisted by former President Jack Austin, spoke to an attentive audience of members and university staff and postgraduate students about the Society, its role, functions and future. Pam spoke informally to members, staff and students after the seminar and several committee members had opportunities to relax and chat with Pam during the later afternoon. We have had positive feedback about this event from a number of quarters and are following up expressions of interest in the Society and its institutes.

Our drive to recruit student members has been boosted by the arrival of information packs from national office. We have distributed these to most of the senior postgraduate students and Dr Laura Ely from the Institute of Clinical Psychology plans to speak to 4th year students about membership of the Institute and the Society.

We staged another of our popular PsyChat

"psychology careers" events in November and, given the time of year, got a great turnout of members and students. The entertaining and informative speakers were Jack Austin, Dr Glenda Wallace and Bill Gilmore and amongst the food highlights were Sabrina's superb sweet treats and Wendel's wonderful guacamole (securing their places on the committee for at least another term).

Plans are well advanced for an after-work "PsyChat" in May, where we will have several PhD students talking briefly and informally about their research, while members and students share a few refreshments and food. Other interesting PsyChat ideas are in the pipeline.

Following the very tragic February earthquake in Christchurch, the NZPsS workshops planned for that region were reviewed and two have been transferred to Dunedin in coming months. We are privileged to be hosting Fiona Howard's advanced supervision workshop "Enhancing Competence in Supervision" and look forward to Richard Whiteside's family therapy workshop on 31 May.

We also have Dr. Ingrid Huygens and Aroha Waipara-Panapa presenting a scheduled "grass-roots" workshop on Te Tiriti and bicultural practice on 29 April.

Waikato Branch News

Dr Aloma Parker - Honorary Treasurer



L to R – Aloma Parker, Marian Maré (standing), Dianne Farrell, Marianne Lammers, Doug Boer; absent Melanie Haeata, Damian Terrill

The Waikato Branch covers the Waikato and Bay of Plenty areas which is quite a large territory. Unlike most branches it includes two major cities; Hamilton and Tauranga. We also have members in Rotorua, Whakatane and Thames. So our challenge is to offer activities that will attract people from quite long distances. We've managed to do this successfully for the last five or six years, with workshops regularly oversubscribed to the extent that we now limit numbers.

We seem to do this with minimum effort. The branch committee has seven members; Chair, Dianne Farrell, clinical psychologist; Secretary, Melanie Haeata, student member; Treasurer, Dr Aloma Parker, semi-retired; Dr Marianne Lammers, rehabilitation treatment in prison for high risk violent offenders; Dr Marian Maré, Iwi research consultant; Damian Terrill, researcher; and Dr Doug Boer, academic and forensic psychologist.

We meet every two months, seldom for more than an hour thanks to the efficiency of our Chair. We've developed a programme of activities for the year starting in March with a workshop focused on ethical issues. This started as a half day workshop but over the last few years has expanded to a full day. For the first half of the day guest speakers talk about ethical aspects of practice then in the afternoon we workshop ethical dilemmas provided in advance by participants. This has been really useful for ensuring the Code of Ethics for Psychologists Working in Aotearoa/New Zealand is kept in sharp focus. We had two guest presenters this year. Dr Doug Boer ran a workshop on maintaining ethical boundaries with clients. Dr John Fitzgerald gave a presentation on evidence-based interventions and the ethics of doing harm. Last year Aroha Panapa ran a workshop on cultural safety.

We run one or two workshops a year depending on the availability of speakers. Over the last few years we've also run workshops on the Continuing Competence Programme to help us develop a shared understanding of this process. This included one workshop last year where people who had been audited shared their experience of the process which we collated and sent as feedback to the Board.

It's been a bit harder to consistently attract people to Annual General Meetings but I think we've finally managed to crack that one. With promises of absolutely no pressure, a short half-hour AGM followed by a speaker, pizza, beer or wine, our last AGM had a sell-out crowd. People even paid \$10 to come. Obviously a real bargain, but we want to encourage attendance and don't aim to make money on the AGM. We subsidise it from profit from the other activities which also allows us to give a grant of \$250 each year for two students from our branch who are presenting papers at the NZPsS Conference. It all works, and we have fun.

Institute of Counselling Psychology (ICounsPsy)

Bill Farrell - Chair

W.farrell@ihug.co.nz



I'm writing as Chair of the Institute of Counselling Psychology since July 2010 to update our members and colleagues on the recent progress of the institute. Following the Society's 2010 conference in Rotorua we have a management committee consisting of Alf Fry, Brent Gardner, Elizabeth du

Preez, Jackie Feather, Marianne Lammers, Mark Thorpe, Mark Haxell, and myself. As a way of sharing the tasks that we face, we've formed into three groups, a membership group chaired by Marianne Lammers with Alf Fry and Mark Haxell; a professional affairs group chaired by Mark Thorpe with Brent Gardner, Elizabeth du Preez and Mark Haxell; and a conference and external relations group chaired by me with Jackie Feather and Mark Thorpe. We met over a full day in Auckland in November last year, and hope to meet again face to face before the annual conference in Queenstown in August this year.

Our membership group has been working to revise the criteria for membership of the institute, in order to more fully reflect our wishes, and this revision is nearly complete. Apologies to people who have been waiting to join or to hear about the progress of their application, but we should be processing applications by the time you read this. The professional affairs group has been working on the Psychologists Board's draft competencies for the counselling psychologist scope of practice, so that these can be set alongside the competencies for the clinical psychologist and educational psychologist scopes of practice (which are additional to the core competencies for the psychologist scope of practice). We are grateful to the Board for including us in this process, and for the opportunity it affords to help shape this aspect of the registration system. The conference and external relations group has carried on

the work involved in presenting our symposia at the 2009 annual conference (on "using the relationship in applied psychology") and the 2010 annual conference (on "the contributions of counselling psychology"). I am delighted to report that we have assisted the Society to engage Dr Martin Milton, Senior Lecturer on the Practitioner Doctorate in Psychotherapeutic and Counselling Psychology Programme at the University of Surrey in the UK as a keynote speaker and workshop presenter at the 2011 conference. Martin's keynote topic is, 'Holding the tension: Relational perspectives in counselling psychology practice', and his workshop is entitled, 'Mis-match or perfect opportunity: being with the 'Other' in psychological therapy'. We are confident these events will offer a significant profile to counselling psychology, so I hope you are able to join us there. We will also be convening an Institute of Counselling Psychology Symposium for the Queenstown conference.

There are a number of other important developments in our field. The AUT University's PGDip training programme in counselling psychology has achieved provisional accreditation by the Psychologists Board, and one of the first graduates from the programme became a registered psychologist earlier this year. As we get further up and running as an institute, we have the opportunity to contribute our perspective to the life of the Society and the profession, as our opinions are sought on a wide range of issues and topics. We appreciate that ours is a broad practice discipline, which inevitably brings us into contact with psychologist colleagues in clinical, educational, industrial/organisational, forensic and criminal justice, health and community settings. Our hope is that, with colleagues, we can make the most of the professional opportunities that these contacts will afford.

Stigma and beliefs about aetiology

Research by Professor John Read and his colleagues has been used to challenge a claim by ADHD researchers, that acceptance of biological or genetic aetiology for this condition will help to reduce stigma. Professor Read's work was cited in a *Guardian* news article which questioned the claims made by a group of Cardiff researchers that they had found a biological basis for ADHD. Professor Read's research was quoted as consistently showing that the effects of biological causal beliefs on stigma were quite the opposite of that suggested by the Cardiff researchers. He had found instead that people who believed more in a biological or genetic cause were *more* likely to believe that people with mental health problems were unpredictable and dangerous, more likely to fear them and avoid interacting with them. The *Guardian* article also considered other research which had reached similar conclusions to that of Professor Read. The news article concluded with the author's own significant doubts about the potential stigmatization for both individuals and families when ADHD was assumed to have a biological base. As the journalist, Ben Goldacre (author of the best seller 'Bad Science'), puts it: "before reading this research I think I also assumed, unthinkingly, like many people, that a "biological cause" story about mental health problems was inherently valuable for combating stigma. Now I'm not so sure. People who want to combat prejudice may need to challenge their own prejudices, too."

Professor Read is the 2010 recipient of New Zealand Psychological Society's Sir Thomas Hunter Award for 'excellence in scholarship, research and professional achievement' and is based in the Psychology Department at the University of Auckland.

Status of Women in New Zealand

New Zealand has submitted its four-yearly 'report card' on the status of women to the United Nations. In its seventh report on New Zealand's implementation of the "Convention on the Elimination of All Forms of Discrimination against Women" (CEDAW Report) it was noted that despite progress there are some areas where more progress could be made. The convention defines discrimination against women as

"... any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying

the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field".

Some of the issues noted in the CEDAW report are

- New Zealand rates well internationally: in 2009 being ranked 5th in the "Global Gender Gap Report" behind the Scandinavian countries and 18 places above Australia which was ranked 23rd
- Women's leadership skills are under-utilised" only 9.23 percent of board members on the top 100 companies listed on the New Zealand Stock Exchange are women
- The pay gap between men and women is 10.6 percent which is the lowest it has ever been
- Māori women are doing better in tertiary education. They have the highest participation rates of any women and they are gaining qualifications at a higher rate than any other group.
- Violence against women remains a serious national problem with 1 in 3 women experiencing partner violence in their lives

Source: *Pānui*, Ministry of Women's Affairs, December/Hakihea 2010

Sin and Psychology

Writing in the *Psychologist* 23 (4): 98-104, 2011, Christian Jarrett examines what contemporary psychological science has to say about the relevance of "sin" to modern life. In a discussion of the seven deadly sins of greed, envy, pride, wrath, lust, gluttony and sloth, Jarrett suggests that the original deadly sins were inspired by humankind's ongoing struggle to rise above animalistic instincts and manage emotions. He notes that Roy Baumeister, an expert on self-control from Florida State University suggests that each of the deadly sins can be viewed as a failure of self-control. Based on his research, Baumeister likens self restraint to a muscle that strengthens on repeated use but that exerting self-control is a finite resource and exerting it in one situation can result in less ability to resist temptation in another.

Jarrett, identifies some new deadly sins which have arisen

in the 21st century. These include, “truthiness” - preferring concepts or facts one wishes to be true rather than those supported by scientific evidence; “iphonophilia” - checking one’s phone, email etc whilst engaged with people in the real world and in doing so raising challenges for live interpersonal interactions; “narcissistic myopia” - the tendency to be self-centred and short-sighted in taking what one wants now without considering the impact on future generations and “excessive debt” where individuals, and governments run up huge debts causing financial crises for current and future generations. Jarrett suggests that other deadly sins could include ‘celebrity worship’, and the utterance “that’s just me, I speak my mind” as an excuse for failing to observe basic social conventions. Readers of the *Psychologist* are invited to contribute their views on 21st century deadly sins by emailing psychologist@bps.org.uk.

Deep breathing may be effective for mild depression in patients with coronary heart disease

Writing in the *Journal of Primary Health Care*, vol 3 (1) 2011, Professor Bruce Arroll, from the Department of General Practice and Primary Health Care at the University of Auckland reviews a single study of the efficacy of deep breathing for patients with coronary heart disease and symptoms of mild depression. The study tested whether nurse-led home-based deep-breathing was more effective than the telephone support received by a control group. Participants in the study were patients with stable angiographically-proven coronary artery disease. They were all mild to moderately depressed on the Beck Depression Inventory II. Participants undertook a four-week home-based deep-breathing programme having had individual training in a slow deep diaphragmatic breathing technique. They were instructed to breathe at a rate of six cycles per minute for 10 minutes at a time for three times a day. The control group received a stress management course conducted by the nurse who taught the deep breathing technique. Professor Arroll indicates in his review that at the end of the single study trial the intervention group was significantly less depressed than the control group (NNT=6) and no harms were reported.

The study authored by Chung Li-Jung et al has been published in the *International Journal of Nursing Studies* 47 2010; 1346-1353

Bribing kids to eat their greens really does work

(Courtesy of the *British Psychological Society Research Digest* at www.researchdigest.org.uk/blog.)

Some experts have warned that bribing children to eat healthy foods can be counter-productive, undermining their intrinsic motivation and actually increasing disliking. Lucy Cooke and colleagues have found no evidence for this in their new large-scale investigation of the issue. They conclude that rewards could be an effective way for parents to improve their children’s diet. ‘...rewarding children for tasting an initially disliked food produced sustained increases in acceptance, with no negative effects on liking,’ they said.

Over four hundred four- to six-year-olds tasted six vegetables, rated them for taste and then ranked them in order of liking. Whichever was their fourth-ranked choice became their target vegetable. Twelve times over the next two weeks, most of these children were presented with a small sample of their target vegetable and encouraged to eat it. Some of them were encouraged with the reward of a sticker, others with the reward of verbal praise, while the remainder received no reward (a mere exposure condition). A minority of the children formed a control group and didn’t go through an intervention of any kind.

After the two-week period, all the intervention children showed equal increases in their liking of their target vegetable compared with the control children. However, when given the chance to eat as much of it as they wanted (knowing there was no chance of reward), the kids who had previously earned stickers chose to eat more than the kids who’d just been repeatedly exposed to the vegetable without reward.

At one- and three-month follow-up, the intervention increased children’s liking of their target vegetable was sustained regardless of the specific condition they’d been in. However, in terms of increased consumption (when given the opportunity to eat their target vegetable, knowing no reward would be forthcoming), only the sticker and verbal praise children showed sustained increases.

So, how come previous studies have claimed that bribery can undermine children’s intrinsic motivation, actually leading to increases in disliking of foods? Cooke and her colleagues think this may be because past lab studies have often targeted foods that children already rather liked. Consistent with this explanation, it’s notable that past community studies that reported the successful use of rewards targeted unpopular vegetables just as this study did.

An important detail of the current study is that verbal praise was almost as effective as tangible reward. 'Social reward might be particularly valuable in the home,' the researchers said, 'because it may help parents avoid being accused of unfairness in offering incentives to a fussy child but not to the child's siblings.'

Cooke, L., Chambers, L., Anez, E., Croker, H., Boniface, D., Yeomans, M., and Wardle, J. (2011). Eating for Pleasure or Profit: The Effect of Incentives on Children's Enjoyment of Vegetables. *Psychological Science* <http://dx.doi.org/10.1177/0956797610394662>

General practitioners' views about diagnosing and treating depression in Māori and non-Māori patients

A study of 23 Māori and non-Māori general practitioners (GPs) in the Auckland region was carried out to explore the processes related to the diagnosis and treatment of depression among Māori and non-Māori patients. The qualitative study based on interviews aimed to explore GPs' views about causes, diagnosis and treatment of depression and their views about possible differences between Māori and non-Māori patients in the diagnosis and treatment of depression. Another aim was to develop a framework to describe the processes and procedures GPs typically use to diagnose and treat depression.

The researchers hoped to discover why Māori who have similar or higher prevalence of depression than non-Māori appear to have lower levels of diagnosis and treatment among Māori. The study indicated that the most likely factors contributing to the disparity in diagnosis and treatment were a greater stigma in admitting depression among Māori patients and being less likely to talk about being depressed. The study also emphasized the importance of effective communication with their GP in assisting Māori patients to talk about personal feelings. The latter was more likely to occur when there was an established relationship between the GP and the patient. The study carried out by David Thomas et al, appeared in the *Journal of Primary Health Care* vol 2 (3) September, 2010 and is available on www.rnzcgp.org.nz.



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- **'Mis-match' or Perfect Opportunity?: Being with the 'Other' in Psychological Therapy** (9.00am - 5.00pm) Dr Martin Milton
- **Cognitive-behavioral Case Formulation and Progress Monitoring** (9.00am - 5.00pm) Jacqueline B. Persons
- **The Truth About Lies: Using Psychology to Detect Deception** (9.00am - 5.00pm) Stephen Porter
- **Rowing, Paddling or just Sitting in the Waka: Therapy Approaches when Working with Māori Clients** (9.00am - 5.00pm) Lisa Cherrington
- **Evidence-based Therapy for Serious Post-traumatic Disorders** (9.00am - 5.00pm) Bob Montgomery & Laurel Morris
- **The Connectedness in Youth Project: What have we learnt about how to intervene with young people who are doing less well developmentally than they should be** (9.00am - 12.30pm) Sarah Calvert

**Saturday 20th August, Rydges
Lakeland Resort, Queenstown**

Contemporary Practice of Educational Psychology in the Ministry of Education

Warwick Phillips, Manager Professional Practice, Ministry of Education



Warwick studied education and psychology at Waikato and Canterbury Universities and spent several years as a primary school teacher before training as an educational psychologist at Auckland University in the late 1970s. Over the 1980s he worked as a psychologist for the Department of Education and subsequently the Special Education Service (SES). Warwick moved into management in the early 1990's and was the Waikato District Manager for SES and then the Ministry of Education. Over the last seven years Warwick has held various national roles in Ministry of Education Special Education. His current role is Manager Professional Practice. In this role Warwick has prioritised the development of clearly articulated and well evidenced practice frameworks for the Ministry's one thousand specialist staff.

Introduction

University students considering their career options often ask what it is like to work as a psychologist for the Ministry of Education and what the future prospects for this profession are. For some, the recent commentary in *Psychology Aotearoa* on this topic has left the impression that the profession is not adequately valued in the Ministry and that the profession has lost its way.

Fortunately the practice of educational psychology in the Ministry today is not only alive and well; it also has a very bright future.

Working in education to help young New Zealanders get the best possible start in life is one of the most worthwhile careers anyone could choose. Working as an educational psychologist with the children and young people who are facing the greatest challenges in our education system requires high levels of skill and commitment from practitioners and is particularly rewarding. The educational psychologists who do this important work today make a positive difference to the lives of many thousands of individuals. Their practice also impacts on schools and communities at both a local and

national level.

To help give a sense of the contemporary work of the profession in the Ministry of Education I have provided three recent examples. These practice examples do not illustrate the full range of work that educational psychologists engage in. Ministry psychologists make other important contributions, such as their work in early intervention and with students with severe disability, which are not covered in this article.

The practice examples illustrate the diverse, vital and increasingly influential role that educational psychology plays in education today.

Responding to young children and students with the most challenging needs: a severe behaviour intervention

Terry (not his real name) is a 12 year old boy living in the care of Child, Youth and Family in the suburbs of one of New Zealand's larger cities. His life experience to date is a woeful tale of family violence and neglect, culminating in abandonment by his mother. He has experienced many schools and caregivers. Current behavioural concerns include fire lighting, drug and alcohol use and

sexualised behaviour. The educational psychologist has been asked to work with those supporting Terry to develop a support plan.

The educational psychologist works closely with the team of people who are supporting Terry. This team includes Terry's teacher, social worker and his caregiver. The educational psychologist working with the team pulls together a comprehensive ecological assessment that covers family structures and relationships, a case history, academic performance and behavioural concerns.

Fortunately the practice of educational psychology in the Ministry today is not only alive and well; it also has a very bright future.

The psychologist then completes a functional analysis which involves careful consideration of the problem behaviours and associated predictive and protective factors. Analysis of the function of target behaviours allows the psychologist and the team to establish contingencies which will make those behaviours more or less likely to occur. Terry's learning context and the strengths and weaknesses of the key mediators in Terry's life help

identify those areas where success is most likely. From this analysis and with input from the team, a plan is developed that builds on Terry's strengths and helps lessen key risk behaviours. In this instance some particular strengths and interests in art and sports can be used to help build Terry's sense of self worth. A management plan for key risk behaviours is also developed.

This work enables Terry to learn some new skills to help him manage his negative emotions and to interact more cooperatively with his peers and teachers. The plan helps Terry's teacher and caregiver understand the role they have in supporting him; especially organising the learning environment so that his progress can be monitored closely and his achievements rewarded. The plan enables Terry to develop some focus and purpose to his life and helps divert him from a seemingly inevitable slide into a life of probable mental illness and crime.

Why do Ministry psychologists work like this?

A decade or so ago, psychologists employed in the Special Education Service (SES) commonly worked with students with lesser needs than those illustrated by Terry. The Special Education 2000 (SE2000) policy framework, implemented progressively from 1998, shifted the primary focus of the work of educational psychologists to working with those with the most severe needs.

Amendments to the Education Act in 1992 enshrined the right of any New Zealander to be educated in their local school. For the first time students with disability who previously had only attended regular schools in very limited numbers were now allowed to attend their local school. There was a progressive closure of institutions during the 1990s as the mainstreaming

movement gathered force. This resulted in students with disability being placed into the classrooms of teachers who in many instances were ill prepared to cater for their needs.

To compound matters, prior to

While the SE2000 framework was not perfect it introduced, for the first time, a single coherent framework for special education for New Zealand. Finally it was clear to the recipients of special education what services and resources were available to them.

1998, special education policy was a frightful jumble of adhocery that became increasingly untenable with the influx of students with severe disability into schools. In this context the introduction of the SE2000 policy framework from 1998 was a much needed and inevitable step.

While the SE2000 framework was not perfect it introduced, for the first time, a single coherent framework for special education for New Zealand. Finally it was clear to the recipients of special education what services and resources were available to them.

As well as clarifying the supports for students with disability, SE2000 introduced three important new services: the communication (speech-language therapy), severe behaviour and early intervention services. Elements of these services had previously existed but SE2000 considerably expanded them and required SES to provide these services to those with the highest needs.

The SE2000 framework was a huge step forward at the time and bought with it many millions of dollars of new resources and services to those with special education needs. Subsequent reviews of special education and the associated policy work have recognised the fundamental soundness of this framework and have concentrated on "tidying up" the parts which are not working well.

Over the decade since the introduction of SE2000, educational psychologists in the Ministry, together with their colleagues from other disciplines, have worked on developing approaches that will work for those with the highest

needs. Critical shifts in the practice of the Ministry's psychologists have occurred as a result of this work, including the evolution of a national casework model and a much stronger emphasis on evidence-based practice.

The national casework model

In 1989 SES became the national employer of all special education specialist staff. This enabled the development and implementation of a single multidisciplinary practice model that uses team processes to build individual education plans (IEPs) for students. Surprising though it may seem today, prior to SES there was little collaborative work amongst special education practitioners. SES rightly insisted that specialist staff integrate their work for the benefit of the client. During the 1990s educational psychologists and other special education practitioners began to routinely work in team settings. Working together in these settings forced a shift to a culture of open practice. Professionals began to really understand the importance of contributions of other practitioners and the necessity for the strong relationship skills that good teamwork requires.

During the early 2000s, after SES was transitioned into the Ministry of Education, the national casework model was further enhanced by

development of practice guidelines such as the national service pathway and the national service standards. The Ministry is currently reviewing the national IEP guidelines.

Collectively these practice tools (the service pathway, the service standards and the IEP guidelines) provide sound structures and processes. They enable psychologists working with students like Terry to use their skills and expertise in frameworks which experience has shown are a good fit for the needs of New Zealand families and schools.

Evidenced-based practice

A shift towards a stronger evidenced-based approach to practice began in the Ministry initially around the work with students with severe behaviour difficulties. The Church Report (2003) on conduct disorder confirmed that for the behaviourally disordered population there are clearly identified best-evidenced approaches to successful intervention and that there is an incontestable case for working earlier. Other significant research reviews such as the Meyer and Evans (2006) literature review on challenging behaviour and disability and the various reports of the Advisory Group on Conduct Disorder have provided more detail about the best-evidenced approaches to behavioural intervention with specific cohorts.

With the clarification of the evidence base for this service and subsequently other high needs services, it has become possible to clearly articulate best-evidenced practice frameworks.

Considerable work has ensured these practice frameworks are well attuned to the needs of clients and the sector and are clearly articulated to those who use the services.

As best-evidenced practice frameworks are identified, practitioners need

opportunities to engage with the evidence base and to develop their own understandings. This is because practitioner judgment remains the single most important component of our work. Strong internal supports such as practice leaders, staff training and web-based tools and resources have been developed to support practitioner engagement with these practice frameworks.

The practice frameworks are neither complete nor perfect. They are and will remain works in progress, responding to new research, shifts in the delivery context and continual feedback from practitioners and those who use our services.

The development of evidence-based national practice frameworks has ensured that Ministry practitioners use practice frameworks which have the strongest research support.

All these elements can be seen in the educational psychologist's work with Terry. Terry is one of New Zealand's most needy children. The educational psychologist has approached her work with Terry using the Ministry's national casework approach and her knowledge of the evidence base for what works with students like Terry. She has used her expert practitioner judgment to formulate an intervention that works and her strong relationship skills to help the team implement the plan. Now, a year later, Terry is steadily returning to a pro-social life pathway.

Responding to traumatic incidents: the response to the Canterbury and Christchurch earthquakes

On Sunday 4 September 2010 a powerful earthquake hit Canterbury. Many buildings and essential services were damaged. Fortunately no lives were lost but the impact on property and the financial and social impact on

many families were considerable.

The Ministry began planning the response to the September earthquake shortly after the event. Appraisal of the impact began immediately and Ministry teams began the recovery management work required. The particular responsibility of Special Education staff was to respond to the psychosocial support requirements of the children with special education needs and their parents, educators and schools.

During the early 2000s, after SES was transitioned into the Ministry of Education, the national casework model was further enhanced by development of practice guidelines such as the national service pathway and the national service standards. The Ministry is currently reviewing the national IEP guidelines.

The Ministry has a strong framework in place for responding to traumatic events. Each district has a traumatic incidents team who are well trained in this practice framework. Many of these staff are educational psychologists. The Ministry was able to use its traumatic incidents team in Canterbury, as well as its national traumatic incidents capability, to provide rapid and easily accessible support to students, parents and educators.

Written and web-based information and resources for parents and schools were made available within hours of the event. Many families and schools contacted the national phone support system for advice and support. More than 1000 families of children with disabilities or behavioural difficulties were contacted directly by Ministry staff. By the time schools reopened a week later over 1200 hundred educational professionals and others had attended workshops put on by Ministry staff.

The comprehensive response to the September earthquake ensured schools were well equipped to respond to reactions and provide an appropriate response to the aftershocks once schools began to reopen. The response from the education community to the timely, consistent and well-evidenced support was extremely positive.

However, Christchurch continued to experience many aftershocks and a further large quake occurred in February 2011. This time many lives were lost, essential services were disrupted and buildings and infrastructure extensively damaged.

The systems and resources used in response to the September quake are again being drawn on to help educators and the community cope with this far more damaging and tragic event. A common understanding of the evidence base and practice framework by both practitioners and managers meant that a team from across the country could be rapidly deployed to Christchurch to supplement the work of local practitioners.

The welfare response now being provided to the Christchurch education community continues to be based on the evidence-informed principles that supported the September response. It also closely aligns with the recent major Australian disaster responses to the fires in Victoria and the floods in Queensland.

How traumatic incidents capability was developed

The response model for traumatic incidents has been developed progressively by special education staff since the early 1990s. There have been many noteworthy contributions to this work by educational psychologists over this time.

A major review of the practice model

for this work began in 2008 in response to the changing evidence base for this work. The research knowledge base gleaned from examinations of national and international crisis events identified key practice principles, systems and resources that decrease negative psychosocial disaster-related outcomes. In addition to updating the evidence base the review considered the place of traumatic incident

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responses within the wider Ministry emergency response framework and within the related work of other agencies such as Police, Ministry of Health and NGOs.

Following this review the Ministry's framework for providing traumatic incidents was shaped around a few simple well-evidenced principles. For example, the response should: be community led, aim at re-establishing routines, promote a sense of safety, encourage problem solving and support connection to others. The practice framework needs to acknowledge that individual responses will vary and that while many will recover without assistance this will not be the case for all. The critical importance of cultural support practices also must be acknowledged.

Although staff from a number of disciplinary backgrounds have and do contribute to the development and operations of the traumatic incidents' service, the particular influence of psychologists is very evident in this work.

Psychologists by virtue of their training have respect for research

and this has ensured the traumatic incidents' practice framework has been continually informed by the interrogation of the psychosocial knowledge base on trauma incidents both nationally and internationally. There is also a strong understanding amongst the educational psychology profession that culture counts. The practice framework for this (and other) work has considered

this dimension carefully. Finally, educational psychologists, unlike some psychologists in other settings, have a long and proud tradition in New Zealand of working closely with children, families and educators in the field rather than in clinical settings. This has enabled psychologists to bring their strong understanding of the operational requirements of schools and their communities into the design of the traumatic incidents practice framework to ensure that it is a good fit for New Zealand schools.

Many of the Ministry's best practitioners in this very challenging work are psychologists. Well-trained and experienced psychologists have the analytical skills that allow them to respond objectively and flexibly within a practice framework in a crisis situation where emotions are often running high. Psychologists also understand that working successfully in the heat of a crisis takes considerable skill as it represents a complex encounter (influenced by concepts of leadership, health, illness and death) which can be emotionally draining. Over time strong internal

training and response processes have been developed with the assistance of psychologists to ensure that not only is this work being done well but also that the wellbeing of the staff doing the work is given appropriate consideration.

The Ministry is providing leadership by implementing key elements of the plan including the introduction of the Incredible Years programme suite and the Positive Behaviour School-wide approach. Implementation is at an early stage but by 2014,

or families through the actions of a single practitioner or a small group of practitioners. For the first time the Positive Behaviour for Learning plan is bringing the educational psychology knowledge base to schools and families on a national scale.

For the first time the Positive Behaviour for Learning plan is bringing the educational psychology knowledge base to schools and families on a national scale.

The traumatic incidents response work is one of the most highly respected services that the Ministry provides.

Responding across systems: the Positive Behaviour for Learning plan

During 2008/09 concerns were expressed across the education sector about the lack of a systematic response to behavioural issues in New Zealand's schools. A major sector hui was hosted by the Ministry of Education in 2009 to discuss this matter. The Ministry arranged for the evidence-base on behavioural change, much of which stems from the discipline of educational psychology, to be presented to the hui. Influential speakers included Professor David Fergusson, Dr George Sugai, Steve Aos, Professor Luanna Meyer, and Dr John Langley. A consensus emerged that there was much to be gained from shifting from the scatter gun approach to behavioural management (characteristic of the New Zealand education system) towards an approach that uses a small number of well-evidenced approaches to behaviour which can be implemented with rigour, well supported nationally and carefully monitored and evaluated.

In late 2009 the government launched the plan which can be viewed online at <http://www.minedu.govt.nz/theMinistry/EducationInitiatives/PositiveBehaviourForLearning.aspx>.

15,000 parents will have attended an Incredible Years Parenting programme, over 7000 teachers will have attended an Incredible Years teacher programme and 400 schools will be engaged in the Positive Behaviour School-wide approach.

How does this work illustrate the influence of educational psychology on education?

Educational psychologists have provided schools with advice about systemic behaviour management in schools for many years. Similarly parent training is not a new activity for them. In the past there have often been individual or small scale initiatives led by psychologists working with particular schools or with groups of families in districts. Some of these initiatives have used approaches brought in from other countries while others have been "homebrewed". Many of these localised developments have been most creditable and have significantly improved both schools' and families' ability to cope with behavioural concerns. This in turn has brought wider benefit to the schools' communities.

The recent introduction of the Positive Behaviour for Learning plan has shifted the impact of educational psychology to a higher level. Now the knowledge base of educational psychology is not just influencing single or small groups of schools

Taking initiatives to scale in this way requires a number of prerequisites. It is essential to have irrefutable knowledge about what works and the cost benefit analysis for action must be overwhelming. It helped enormously that the Ministry, led by the work of an educational psychologist, had been working on the Incredible Years programme suite for some years and so had detailed operational implementation knowledge. These prerequisites were insufficient in themselves however.

Building a commitment to action required hard work by a number of skilful and committed individuals to develop the necessary understanding amongst the sector leaders and across government. The single most compelling factor that got the plan launched however was the educational psychology knowledge base about what works and how it needs to be done to get the required results.

Implementing these programmes in the field with fidelity is a very demanding task which will extend the Ministry and its programme delivery partners for some years. Educational psychologists are already finding exciting opportunities to apply their skills in direct delivery, coordination and evaluation roles within this system-wide work programme.

While it is too early yet to point to the success of this work, the very sound research base underpinning these programmes enables us to anticipate successful outcomes with considerable confidence.

Educational psychology in the 21st Century

Educational psychology in New Zealand has attacked with vigour its allotted task of working with those with the highest needs. This work has resulted in a strong evidence-based approach to the practice of psychology using national practice frameworks which are systematically supported within the Ministry. As the strength of the educational psychology knowledge base has become more widely appreciated, opportunities have and are emerging for educational psychology to become even more broadly influential in the sector. Examples illustrating these trends have been discussed in this article.

The ability to successfully implement

the Ministry's current and future work programme, a few aspects of which have been discussed here, is very dependent upon the availability of highly skilled practitioners.

Practitioners who are strong in assessment and analytical skills, who have a strong knowledge of the evidence base for intervention with particular cohorts of students, who understand school systems and curricula, and who have a capacity to develop functional interventions that can be embedded within the ecosystem of students, are vital for the Ministry's work. These practitioners must also have a deep appreciation of the importance of culture and the relationships skills that will allow them to work successfully in many settings.

The above skills can be acquired through diligent hard work by many intelligent people. The challenge for educational psychologists and for those who train them is to continue to ensure that the skill set described above is a better match to the skills possessed by educational psychologists than it is for any other profession.

There is now, and will continue to be for the foreseeable future, a strong demand for practitioners who understand the educational psychology knowledge base and who can use it for the benefit of young New Zealanders in education settings. The practice of educational psychology in the Ministry today is indeed alive and well and it has a very bright future.

NATIONAL STANDARDS: An attempt to make all our students wear the same size shoe.

Jack Austin



Jack Austin is Immediate Past President of the NZPsS and has been a member of the Society since the late '70s. He is also a member of the Institute of Educational and Developmental Psychology. He was a member of the NZPsS Supervision for Registration Scheme from its inception; a member of the Code of Ethics Working Party, and has been an Executive member in various roles. Currently in private practice, his interests focus on educational and industrial/organisational and community matters

It's a truism and common sense that one size doesn't fit everyone. Trying to make all students achieve to the same level at a fixed stage in their schooling is not lifting the bar of education: rather it is an indication of bad policy being pushed by a minister or government with limited vision, or very short sight.

The New Zealand education system has been successfully and carefully based for decades on the concept that we should provide for all students that

education which best fits them, and is appropriate to their individual needs. With the National Standards regime that has been introduced, individual fit as a policy and ideal is being deconstructed.

In fact this represents an immense turn around in approach. We are moving from flexibility to uniformity, under the pretence that this uniformity will bring, along with its assessments, a higher level of accountability. In reality though, student differences will

remain, as that is the nature of the individual variations (talents, heritage, physique) with which we are born.

If we are responsible and care about individual differences and meeting actual student needs we need to draw away from the top-down imposition of National Standards as they are being enforced. In drawing away from the "one size fits all" standards we can note that current standards, i.e. our well regarded curriculum, our school reviews, and up to this time,

our teacher education, have all been working very well.

Currently parents, via teachers and schools, do know how their children are achieving. Accountability measures are in place. Under the National Standards, where identical standards are set for all children, it will mean that some will succeed and some will fail, and be noted as failures, when in fact this variation simply reflects innate differences at the time of assessment.

Emphasis on quantifiable standards may also result in teaching to the assessment or test, rather than to individual needs. As well, these National Standards will most probably fail to differentiate the needs of schools and communities, where again one size doesn't fit all; Remuera compared to Otara or Haast for instance provide three very different sets of needs.

Why then do we seem to, as a country, accept such a top-down approach thoughtlessly? Whilst we do need national standards for some matters (laws, welfare, safety, food, for instance), education would seem to be a clear area where best practice requires an appreciation of tailoring what is taught to the student, at their level.

The New Zealand education system has been successfully and carefully based for decades on the concept that we should provide for all students that education which best fits them, and is appropriate to their individual needs.

The matter is further complicated by the decision of Minister Tolley, earlier this year, to allow secondary schools to offer students Cambridge exams rather than the National Certificate of Educational Achievement (NCEA). Effective leadership is usually rational, consistent and considered. However

the Minister has been reported as saying "...what I do support is an education system that gives schools the flexibility to offer students different options." (*Otago Daily Times* 24/1/11)

Whilst we do need national standards for some matters (laws, welfare, safety, food, for instance), education would seem to be a clear area where best practice requires an appreciation of tailoring what is taught to the student, at their level.

The Minister also noted that she is pro-choice as regards the NCEA, and that she did not have a black-and-white approach to education. These views appear to be in direct contradiction to the stance being taken on the National Standards, and with the primary sector. This contradiction is underlined as the National Standards have ostensibly been framed to lead into NCEA, which is apparently becoming optional.

It seems to be accepted by secondary schools that the "20% tail of underachievement" exists and can be identified, at the very least via failure at NCEA level. The providing of a Cambridge/NCEA choice by the Minister tacitly recognises this too, as 100% will never pass; but in the primary sector all students are expected to achieve to the National Standards.

Whatever the reality that the Minister desires, individual differences exist and are reflected in ability and achievement as well as influenced by inheritance and by what life brings. That a major reason behind the introduction of National Standards is to vanquish individual differences in achievement again emphasizes the dream world in which this policy exists.

The compulsory nature of the National Standards in primary schools thus becomes increasingly nonsensical.

Bureaucrats and Government may

mean well, but designing quickly a one-size-system, untested, to replace a tried and tested and true curriculum, just isn't realistic, especially when the new uniformity will be untested,

untried, and out of true. What happens when one attempts to force a foot into a non-fitting shoe? It hurts, because it does damage. Band-aids won't fix that problem. Finally one needs a well-designed shoe.

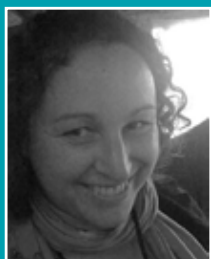
As a country we need to take care. We need to recognise individuals and their different needs. We need to promote flexibility and success, and recognise the strengths of what our government is mistakenly trying to discard. Because we know that one size doesn't fit all, we should not accept a policy that sees one approach as teaching all.

Given the very significant level of disquiet and concern amongst principals and in the wider education sector, this is an issue that will continue to cause problems for the Minister, and thus the Government, throughout 2011.

Translating the Code of Ethics – Part II

Dr Pip Pehi

For the National Standing Committee on Bicultural Issues



Pip Pehi (Ngāpuhi; Nga Ruahine Rangi) is a newly appointed academic staff member at Te Whare Wānanga o Awanuiārangi after recently completing a Foundation for Research, Science and Technology Post-Doctoral Fellowship at the Centre for the Study of Agriculture, Food and Environment (CSAFE), Otago University. Pip served as the principal researcher for Ka Ora te Whenua, Ka Ora te Tangata, a research project that aimed to blend participatory action research and Kaupapa Māori research to elucidate the link between the well-being of individuals and their communities with the health of their land. She has also served in various roles to support Māori students to succeed in their studies at Otago University. Pip completed a PhD in social psychology from Otago University and is a qualified clinical psychologist. Beyond the academic world, Pip has worked in a number of therapeutic settings to foster and support well-being for people including a residential therapeutic community for male offenders, public child and adolescent mental health, and care of the elderly within the hospital setting.

Notwithstanding the obligation for all health practitioners under Te Tiriti o Waitangi, and psychologists in particular because of our Code of Ethics (Nairn, 2010), there are a number of compelling reasons why a translation of the Code of Ethics into Māori could be considered a necessary step for psychologists in Aotearoa/New Zealand to take. Translating the Code of Ethics – Part Two expands into and explores ideas arising in discussions about this important decision. It also intends to reassure the way that the translation will not lead to the ongoing difficulties associated with the two language versions of Te Tiriti o Waitangi/The Treaty of Waitangi.

As ratified by Te Tiriti o Waitangi, Aotearoa is founded on a partnership between two peoples. However, Māori in modern times are over-represented in many negative health statistics, including psychological health (Durie, 2003a; Harris et al, 2006; Paradies et al, 2008). This alone seems to indicate that the partnership is not working for Māori in the same way that it is benefiting non-Māori. This discrepancy in well-being and health between the partnership peoples indicates a need to examine why the discrepancy is occurring and, in many cases, becoming worse. Many fine researchers have attempted to address this need (Durie, 2003b; Nikora, 2001; Royal, 2007; Turia, 2001; Walker, 1990) and among the causes they have identified is the impact of colonisation from early contact into the present. These authors conclude that the way in which the Māori language has been actively attacked and legislated against since colonisation began (outlined in Part 1; Nairn, 2010) is an important reason for the decline of Māori health and well-being. That process has been experienced by many other indigenous cultures throughout the world making it a universal issue (Wilkinson, 2005). At times Aotearoa has been a trail blazer for indigenous, minority, and gender issues and the move to translate the Code of Ethics into te reo Māori is another such moment in our history.

A culture's language and this includes English, encapsulates the beliefs, cultural practices and attitudes of the culture. Indeed, the very mauri or 'essence' of a culture is expressed through and preserved in its language (Marsden, 1975). For Māori traditionally the environment infused every aspect of their lives and this was reflected in the language. Another vital aspect of Māori world-views was the acknowledged presence of multiple spiritual guardians and the firm belief in the spiritual world (Royal, 2006). Such beliefs were encoded within and infused the Māori language and it is important to recognise that the English language offers considerably less support for such world-views. That lack of support for key elements of Māori beliefs raises questions about the adequacy and appropriateness of psychology – the discipline and its practice - for Māori.

Commitment to Māori Culture, Te Reo and People

The history of colonisation underpins the experience of psychology for Māori, many of whom express a distrust, dislike, or avoidance of psychology in general

and psychologists in particular! This attitude towards psychology has developed over many years from experiences of Māori with the discipline; as individuals and communities, or as students and practitioners, their experiences with psychology reflected little of their life experiences, beliefs and culture (Milne, 2005). In extreme instances, psychology pathologised, invalidated, or simply opposed Māori belief, culture and practice (Milne, 2005) creating negative attitudes towards the discipline. Where negative experiences compounded across generations, such attitudes have become ingrained within Māori families. While psychology has contributed to this outcome, it must be noted that the practice of psychology occurs within a wider social milieu that is fundamentally non-Māori in orientation and practice and that milieu encourages Māori to adopt negative attitudes toward non-Māori practices, as in research (Smith, 1999).

The history of colonisation underpins the experience of psychology for Māori, many of whom express a distrust, dislike, or avoidance of psychology in general and psychologists in particular!

To date, initiatives undertaken by psychologists, such as McFarlane-Nathan (1996) have demonstrated the need for a different approach with Māori, and there have been well-intentioned efforts to act upon that understanding. However, these efforts are fundamentally flawed by the inability of English to convey the mauri 'essence' and wairua, 'spirit' of te Ao Māori (Durie, 2001). These initiatives risk failure because the programmes may merely put Māori labels on a little changed, non-Māori practice at the practical therapeutic level. Further, practitioners with little understanding of te Ao Māori are less likely to be able to implement the programme as intended (Love & Waitoki, 2007).

The Code of Ethics stands at the heart of psychological practice and translating it into te reo Māori is an opportunity to bring the mauri, 'essence' of the Māori world into the heart of psychological practice in Aotearoa. A translation of the code also demonstrates a commitment to Māori people and Māori culture at the most fundamental level.

Translation promises to give te Ao Māori more than a token presence within psychology so the action could encourage and support Māori practitioners, students, communities, and clients to participate more fully in its practice. That would certainly be true for the growing numbers of native speakers of te reo and a consequence of Māori being able

to see themselves and their world-views reflected within the discipline and its practice. In turn, their participation

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will, hopefully, enhance the process of infusing this non-indigenous institution with indigenous energy and wisdom leading it to better serve Māori people and improve their wellbeing. This obvious and crucial action on the part of the three 'co-owners' of the Code (The Board, NZPsS, NZCCP) should do much to address the long-standing problem of Māori attitudes towards psychology. An increase in Māori health and well-being resulting from more engagement with a psychology that is appropriate and relevant for them will translate to better health and wellbeing for our whole society. Such improvements would not only reflect improvement in the negative health picture (Durie, 2003a; Harris et al, 2006; Paradies et al, 2008) but also the effect of Māori individuals, whanau and communities sharing their wellbeing with those around them.

Lost in translation...

One reservation psychologists may have about translating the Code of Ethics into te reo Māori arises from the difficulties associated with Te Tiriti o Waitangi. An accurate (or professional) translation of the Code of Ethics will provide a true reflection of the principles although, as it is not possible to capture the concepts of one system of knowledge in the language of another (Durie, 2003b), there will be differences in emphasis and implications. That situation is quite unlike the discrepancies and differences created between Te Tiriti o Waitangi and Hobson's draft, often called the English text (Nairn, 2007; Orange, 1987) where haste, deliberate obfuscation, and deliberate prioritising of Hobson's draft underpin confusions about the document. None of those factors are germane to the translation of our Code of Ethics as we have the time and ability to access the expertise necessary to accomplish the task professionally. However, should discrepancies or differences still occur, despite all efforts to avoid them, rather than regard that as a failure we should regard it as an opportunity to explore the differences between te Ao Māori psychology and non-Māori psychology. The resulting theoretical and/or ethical insights could inform practice and training, especially in relation to the 'what' and

‘why’ of cultural competencies. The next section explores the exciting possibilities arising in that ‘interface’ (Durie, 2003b) or the space between, which is akin to ‘Te Kore’ (Nikora, 2001).

The ‘Interface’ or ‘Space’ Between the Cultures

Fear is another reason why some do not embrace the opportunity offered by the translation. Many psychologists express a reluctance to work with Māori because they have experienced Māori reactions to psychology and the calls for only Māori to work with Māori. However, as Linda Nikora outlined in her 2000 keynote address to the NZ Psychological Society (Nikora, 2001), the existing need is much greater than can be met by the growing, but still small, number of Māori psychologists. She concluded that, if Māori are expected to address these problems alone, there is little chance of success. All of us need to be part of addressing the issues we face today as we work with the outcomes of decades of colonisation.

Accurate translation of the Code will underline the importance of te reo Māori and, if accompanied by appropriate explanation and education for all psychologists, should encourage practice with Māori. In addition, this translation provides a possible platform for a concerted effort to address current lack of knowledge about Te Ao Māori. This approach may also help soften reactionary attitudes toward Māori, and Māori culture still held by some psychologists and psychological institutions.

Hopefully this move will herald a change in the practice and theory of psychology within Aotearoa, a core purpose of our Society’s National Standing Committee on Bicultural Issues (NSCBI). While people may feel threatened by the prospect of change, examination of the increasing levels of mental ill-health in Māori, show that change is necessary to effectively meet their growing needs in the psychological sector. Professor Mason Durie (2003b) named the space between cultures as an ‘interface’, where, rather than seeking to interpret one culture through the lens of another, the emphasis is on developing new knowledge and novel approaches by drawing equally from the knowledge systems of both cultures. Many Māori who are familiar with psychology, while distrustful of the discipline as a whole, still agree that the existence of and support for such a space is necessary for the development of robust kaupapa Māori psychology practices (Milne, 2005). However, the key word is equally and, as the two knowledge systems are not treated equally at present, there needs to be a concerted effort to make space for Māori culture and te reo within psychology before a true interface can be considered to exist.

Conclusion

This paper has further discussed the need and reasoning behind the move to translate the Code of Ethics into te reo Māori. The primary rationale for the translation is to improve the implementation and practice guided by this code, first by providing a standing place for Māori, especially native speakers of te reo, within the discipline and, second, a focus for improved knowledge of te Ao Māori for all psychologists.

Accurate translation of the Code will underline the importance of te reo Māori and, if accompanied by appropriate explanation and education for all psychologists, should encourage practise with Māori.

The problem for psychology in Aotearoa is not primarily an incompatibility between the cultures and their knowledge systems (Durie, 2003b), or lack of goodwill between the Treaty peoples, rather it rests primarily on the power imbalance that has been created and maintained between Māori and non-Māori through the history of the suppression and undermining of the Māori culture by the dominant, settler people, their rule-making institutions and discourses here (Turia, 2001). Those practices of assimilation silence the indigenous, and all ‘other’ cultures, ensuring that one people have more say in all matters affecting how **we all may choose to live**, resulting in a largely monocultural society. Both the dominance of English as the language spoken, written and understood within all levels of society and the health disparities between the indigenous people and those of the dominant culture are consequences of that power imbalance.

To reiterate, the presence of te reo Māori within the heart of psychological practice and theory in the form of a translation of our Code of Ethics is a strong indicator that:

1. Māori culture and voices are heard and do have a place within psychological theory and practice in Aotearoa
2. Psychological practices relevant to and informed by Māori exist and their use is encouraged
3. That psychologists, in Aotearoa at least, are addressing, and refusing to take part in, the continuing processes of colonisation in the power structures of our society (e.g. parliament).

No reira, ngā mihi aroha ki a koutou, tena koutou, tena koutou, kia ora koutou katoa!

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Behind the news headlines of the Libby Gawith and Mel Atkinson



Libby Gawith is a community psychologist in Christchurch. She formerly lived in Huntsbury (Muntsbury) in Christchurch but her house was “munted” in the earthquake of Feb 22, 2011. Libby teaches professional communication skills to CPIT students and does contract evaluation work locally. Libby was fascinated with how people in Christchurch responded to the natural disaster and how much strength and helpfulness there was in her communities. She was in the CBD for the earthquake. Libby is also a brownie leader.

Mel Atkinson is a Christchurch based community psychologist employed by the NZ Police as the National Coordinator Police Youth Development. She lives in the eastern suburbs of Christchurch. She was at home during the quake and had calls from Wellington within hours expecting work to be as normal. Mel had two people in her circle of friends lose their lives on February 22.



Damage done to Libby's house in the earthquake



A “red sticker”

Christchurch earthquakes: how communities have been coping

Natural disasters such as the earthquakes in Christchurch have a profound impact, as people “struggle to take in what has happened and deal with their own feelings of distress and powerlessness” (NZ Psychological Society, 2011, para 2). Everyone’s story of the first 7.1 magnitude earthquake in Christchurch on Saturday Sept 4, 2010 is similar. Most people were asleep. Everyone, however, has a story of the 6.3 earthquake on February 22, 2011 meaning that there are over 440,000 stories of people struggling to process the event and their responses.

This brief article includes observations of communities coping after the February 22, 2011 earthquake from two community psychologists living in Christchurch.

Stronger more resilient and closer communities

The earthquake of February 22, 2011 was a huge social leveller. It put many people, particularly neighbours, together in the same boat of survival; of trying to live without water, power and gas and with portaloos; of dealing with ongoing aftershocks; of trying to clean up properties hit by liquefaction; of trying to make sense of the devastation and loss; and of trying to rebuild lives.

Most social norms were on hold, as people were not able to go to work, study and play; life slowed down, people had time to lean over the fence and check on neighbours and most had energy to help others. The psychological first aid, or the initial assistance involving practical and emotional support, (Australian Centre for Posttraumatic Mental Health, 2011d). was given by neighbours and people in the immediate geography. Neighbours not

only had to share physical resources, but they had to be an emotional support for each other, particularly in hard hit communities. Psychological research suggests that social support of neighbours and communities is most effective after a disaster (NZ Psychological Society, 2011, para 4) and is more helpful than contact with professionals in the early stages (NZ Psychological Society, 2011, para 6).

People shared common survival experiences, common losses of people and property; common vulnerabilities and common fears for the future. This was not an individual experience but a collective, community wide processing of loss, adjustment and grief.

Death and core losses for people in Christchurch

The greatest loss for the people of Christchurch was of loved ones; of family, partners, friends and work colleagues. The number of death notices in the *Press* newspaper of people in their mid-life with young children, was disturbing. People in this age group are simply not meant to die. The shock of losing people **just like us** and in our city, was great.

People shared common survival experiences, common losses of people and property; common vulnerabilities and common fears for the future. This was not an individual experience but a collective, community wide processing of loss, adjustment and grief.

The second greatest loss was and is the loss of income or financial security through businesses being destroyed or inaccessible, or people being made redundant. Without a financial future, it is difficult to stay and support

Christchurch and its rebuilding.

The third greatest loss has been the destruction and damage to homes. The EQC (Earthquake Commission) red stickered home, hill or cliffside with irreparable damage and imminent danger, means a rebuild long term. Many people in the eastern and southern suburbs had extensive damage to their homes. The lack of access to the central business district (CBD) is a loss for all.

CBD syndrome - For some people, problems can start interfering with their ability to return to their normal routine. This may particularly be the case for many highly functioning people working in the Christchurch CBD on February 22. Of the approximate 40,000 people who lived and worked in the central city that day, almost 200 did not make it home, another 200+ are living with severe and debilitating injuries. Approximately 400+ narrowly escaped death and may live with survivor guilt and other disturbing responses, while another 4000+ people saw death and destruction on a scale that is not normal and not seen outside of war zones.

Multiple responses to the event

People involved in a natural disaster can have a range of emotional, cognitive (thinking), and physical (health) reactions to the event.

Emotional reactions from people included shock, anxiety, fear, sadness, guilt, frustration and helplessness (Australian Centre for Posttraumatic Mental Health, 2011a, 2011b, 2011c). Shock and denial are both normal protective reactions and involve not experiencing the event or its full

intensity (American Psychological Association, 2011).

Cognitive reactions from people included poor concentration,

For some it was important to regain a sense of safety and control (of time, actions, routines and aftershocks). Doing something enjoyable and/or

The greatest loss for the people of Christchurch was of loved ones; of family, partners, friends and work colleagues.

difficulty making decisions. As well as confusion, disorientation and distressing thoughts and images of the event (Australian Centre for Post-traumatic Mental Health, 2011a, 2011b).

Physical reactions from people included feeling tense and on edge, exhausted, as well as sleep disturbances (from the event and aftershocks) (Australian Centre for Posttraumatic Mental Health, 2011a).

Thankfully, for most people, these reactions reduced after the initial days and weeks with the support of neighbours, family and friends (NZ Psychological Society, 2011b).

Lawlessness - Police noticed in the first few weeks after the earthquake the increased number of “EBAs” or Excess Breath Alcohols as people starting consuming more alcohol; and increased call outs for domestic violence (due to more household stress and damage, less money, no pubs or social gathering points, less distractions). They also noticed more mild infringements of the law such as people running red lights and people talking on cell phones. There was a sense that things were not operating in society as normal and that police were too busy sorting out the city centre, major crime and possible looters, to worry about mild infringements.

Coping strategies

There is no standard or singular formula for how people cope with natural disasters.

physical each day were useful coping strategies for some, as was limiting the amount of media coverage (Australian Centre for Posttraumatic Mental Health, 2011a). Talking about their experience was helpful for some, especially for women, and this occurred frequently; at supermarkets, on streets, wherever people gathered.

For others, different coping strategies included

- denying – “I lived through the war and this is nothing”
- humouring – making light of loss “Muntsbury, Smashmere are the new suburbs”
- intellectualising – “the Port Hills were always going to be hit...”
- magnifying and exaggerating difficulties “kids are so out of control”
- minimising “its only a house” and “we’re lucky we only lost...”
- ridiculing – “Mr Ken Ring(piece)’s predictions of further earthquakes on March 20 are nonsense”.

Humour was evident. Huntsbury for some residents there became Muntsbury; Cashmere became Smashmere, Bowenvale became Brokenvale; Murray Aynsley became Murray Painsley, Mt Pleasant became Mt Unpleasant; Bromley became Bombley, Bexley became Hexley as it had been hit twice.

The fight, fright or flight response to stress was also evident. There were

those who stayed to fight and protect their situation and circumstances. Those who took fright as well as those who fled the city as they did not want to face the after shocks and the massive clean up (without power and water). Motels in Timaru (160km south) had sold out within an hour of the earthquake.

Many people left their rentals and moved to Rangiora and other outlying areas, where the sudden influx of new people with no existing ties, is putting additional stress on these communities. Many North Island Māori returned north to be with whanau and iwi to get the awahi that they need to rebuild their lives or to gather strength to return to Otautahi Christchurch.

Hunger to do something (O’Connor, 2011) - One of the most difficult feelings associated with a natural disaster is a sense of **helplessness** – and this was exacerbated with the ongoing aftershocks. For some, it was useful to do something to help such as offering to help shift homeless people and visiting people in need. For some, this helpfulness helped to re-establish a sense of order and normality.

Support, support, support for this city

Some of the most heartening images when power was restored, was the student volunteer army and the farm army helping to rebuild the homes, streets and lives of complete strangers. Stories flowed of having 80+ people or crews taking 2 days to clear out properties from liquefaction. The desire from people outside the city of devastation, to be of help, was poignant and appreciated. The generosity through money, time and effort was continuous. International support from friends was immediate and kind. Generosity from power and telephone companies, as well as the Air

New Zealand \$50 standby flights, was greatly appreciated. Government and Red Cross assistance was immediate and accessible. The support from New Zealand sporting heroes in poster form on our bus shelters, was highly visible and effective with the key message of “look after yourself and look after others”. Just like Maslow’s hierarchy of needs, the physical needs of food, water and shelter were first priorities. Psychological support may be called on, as the collective and community layers of support slowly ease off, and as neighbours and friends return to work and their everyday lives and busyness. Remember how well the communities behind the news headlines of the Christchurch earthquakes have been coping, and how strong and supportive many communities have become and will remain.

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A Region in Revolution: Reflections from a Community Psychologist in Morocco.

Michelle Levy



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Michelle is a community psychologist with experience in policy, research, community and academic settings. Affiliating to Waikato, Tainui, Ngati Mahuta, Michelle has a strong interest in issues of social justice for indigenous peoples. Michelle has been living in Morocco for the past year (although has recently returned to Aotearoa). This paper records some of her views of the movements for social justice which have been sweeping through North Africa, with a particular focus on the events that unfolded during the course of Egypt’s revolution.

A lone man stands in the centre of an empty, dark city road in Tunisia. Bathed in the soft glow of the street lights, he bellows into the darkness; “He is gone! He is gone! We are free! We are free!” He is of course speaking of Zine El Abidine Ben Ali, the former Tunisian President who, as a result of the Tunisian people taking to the streets demanding greater freedom, less corruption and the opportunity for a socially just country, was forced to flee. The events in Tunisia were the catalyst for a domino like process across North Africa and the Middle East, as citizens across this region have overcome fear, flooding onto their streets demanding political and social reform.

For the past year I have been living in Fes, Morocco. In December 2010, I spent two weeks in Egypt. While there was the unmistakable feeling of tensions bubbling very close to the surface, never would I have imagined while peacefully passing the time in Tahrir Square that six weeks later this very setting would be the focal point for one of the most significant events in Egypt’s recent history; ripples from which would be felt across North Africa, the Middle East, and indeed the wider Western world.

On June 6th 2010, Khaled Said, a 28 year old Egyptian from Alexandria was tortured and beaten to death by two policemen for uploading internet footage of Egyptian policemen sharing the proceeds of a drug raid amongst themselves. Only when faced with international pressure were the two policemen arrested; charged with using excessive force and unjustified arrest, not murder. Considered the story of many Egyptians, Khaled became the symbol for change in Egypt. Moved by the photos of Khaled Said, Wael Ghonim, a 30 year old Egyptian based in Dubai as Google’s head of marketing for the Middle East and North Africa, started a new Facebook page called ‘We Are All Khaled Said’.

Egypt, surrounded to the north by the Mediterranean Sea, from the east by Palestine and Israel, from the south by Sudan and the west by Libya, is home

to almost 74 million people¹. It has a median age of 24 years, with 42.8% of youths unemployed². Estimates from the World Bank show that 23% of the population live below the national poverty line (calculated as living on less than US\$2.50 per day)³. Assets accumulated by Egypt's former ruling Mubarak family, hidden away in foreign bank accounts and investments, are estimated to be worth up to \$70 billion⁴. International Transparency's Corruption Perceptions Index which measures perceived levels of corruption in the public sector rates Egypt as 3.1 (with being 10 highly clean and 0 highly corrupt). New Zealand incidentally rates first equal with Denmark and Singapore⁵.

The events in Tunisia were the catalyst for a domino like process across North Africa and the Middle East, as citizens across this region have overcome fear, flooding onto their streets demanding political and social reform.

On January 11 2011, activists in Egypt, using social media and networking sites such as Facebook and Twitter, called on the people of Egypt to take to the streets on January 25th in a 'Day of Revolt'. They were to protest against poverty, unemployment, government corruption, the brutality dispersed on a daily basis to Egyptian citizens by police and security forces, and other social inequities. They were demanding the end of the 30 year long state of emergency which provided legal justification for the repealing of citizens rights guaranteed under Egypt's constitution. Video blogs by brave young Egyptians encouraged people to overcome their psychological fear, mobilise and come onto the streets. The April 6th Youth Movement distributed thousands of leaflets proclaiming January 25th as the day Egyptians claimed their rights. Encouraged by the events in Tunisia, the overall aim was to see the 30 year rule of President Hosni Mubarak come to an end, and a democratically elected government established.

January 25th: thousands surge onto the streets of downtown Cairo and elsewhere in Egypt, marking the beginning of Egypt's battle for freedom. For the next 18 days I watch the Egyptian people in their struggle. Tahrir Square becomes the geographic and symbolic focal point for the protesters. Under the emergency laws which have imprisoned the nation for almost three decades, these protests are illegal. In the early days, they attract the wrath of police and security forces. There are casualties, hundreds are arrested, and reports emerge of protesters simply

disappearing. Wael Ghonim is one of those. But still the protesters return each day.

We start to get a sense of who the people on the streets are. There is much talk of this being an organic pro-democracy movement, emerging from the ground up. No single group is in charge. Movements such as Youth for Justice and Freedom, Coalition of the Youth of the Revolution, the Popular Democratic Movement for Change, the National Association for Change, the Muslim Brotherhood, actors, novelists and activists lend their support. Men, women and children of all ages take to the streets. It is the veiled and unveiled. It is the professional, the working class and the poor. Christians protect Muslims while they pray. Muslims protect Christians while they pray. The divisions which the regime has actively sought to maintain as a calculated and deliberate tactic against the unification of the population are overcome. For 18 days, all are united in their common goal for a socially just Egypt. They eat, sleep, pray, laugh, cry, and during the darkest days and nights, fight, side by side.

January 28th: the regime turns its attention to means of communication. Internet and cellphone coverage is cut. This is not only intended to block means of communication among the protesters themselves; it is designed to cover the eyes of the wider world. The 24 hour live coverage provided by Al Jazeera (English and Arabic) now plays a crucial role in showing exactly what is happening, as it happens. Despite huge difficulties (equipment and offices being destroyed, staff detained, and satellite signals jammed), Al Jazeera correspondents continue to provide live coverage throughout the uprising. I write on Facebook: "two things provide a defense for the Egyptian people - their vast numbers, and the eyes of the world". I implore people to protect and support the Egyptian people by continuing to watch. Individuals and corporations around the world rally to find ways to overcome the obstacles and help the people of Egypt: one person in the United States ringing all their friends with landlines in Egypt and uploading the audio to the web; Google advising on ways in which the internet can still be accessed in Egypt; the launching of new services such as 'Speak2Tweet'.

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During my visit to Egypt in December 2010, we were, thanks to my Jewish surname, under constant surveillance

1 [//www.un.org/eg/UNInner1.aspx?pageID=3#panel-2](http://www.un.org/eg/UNInner1.aspx?pageID=3#panel-2)

2 <http://www.bbc.co.uk/news/world-12482291>

3 [//www.un.org/eg/UNInner1.aspx?pageID=3#panel-2](http://www.un.org/eg/UNInner1.aspx?pageID=3#panel-2)

4 <http://www.guardian.co.uk/world/2011/feb/04/hosni-mubarak-family-fortune>

5 http://www.transparency.org/policy_research/surveys_indices/cpi/2010/results

by security and intelligence forces. While similar forms of internal intelligence and surveillance exist across the region, including in Morocco, it was not until my experiences in Egypt that I fully comprehended the scope of this complex intelligence network and how it operates to ensure movements are known and constantly tracked. We left Egypt early because this attention became wearisome, and at times unpredictable. We left because such attention caused us stress after 14 days. Imagine then the impacts of being subject to it day after day, with no chance of escape. I had assumed that the massive security and police presence on the streets, particularly in Cairo, were there to protect the Egyptian people from threats, be those external or internal. I quickly realised that they were on the streets to protect the regime from the people.

Amidst pledging political reforms, but still refusing to step down, Mubarak warns Egyptians that they must choose between chaos and safety.

The military are ordered onto the streets and tanks rumble through the streets of Cairo. They are welcomed by the protesters. They know that the role of the army, unlike the security forces under the command of the Ministry of Interior, is to protect its civilians. They believe the military will protect them.

Mubarak offers concessions to the protesters. The government is dismissed, a Vice-President appointed, prices cut, salaries and pensions increased, and promises of constitutional reform made. Mubarak will not run for re-election in September, but refuses to step down until then. None of these concessions appease the protesters. Their demands are for real and profound political change, not a re-shuffling of the same political deck. Although each of these announcements seeks to pacify the protesters, in reality they have the opposite effect, serving only to strengthen their resolve. Each concession is seen as a sign the regime is crumbling; that they must hold their position because with each announcement they are getting closer and closer to their goal. To give up would mean lives have been lost in vain. Nothing would have been gained, and lives for many would be worse than before.

January 29: the Day of Rage. Protesters call for a million man march and general strike to commemorate a week since the start of the protests. Hundreds of thousands, soon estimated at more than a million people, pour into the streets of Cairo, with many more elsewhere in Egypt. Protesters, alongside the military, direct traffic and the flow of protesters, taking responsibility for ensuring their own

safety, checking identification and searching all those who enter the Square. Police and security forces have simply vanished from the streets of Cairo.

February 1st: Amidst pledging political reforms, but still refusing to step down, Mubarak warns Egyptians that they must choose between chaos and safety. Pro-regime supporters, previously unseen, begin to materialise on the streets of Cairo.

February 2nd: we watch nervously as the two sides come face to face. Without warning the pro-regime group surge forward. Fulfilling Mubarak's prophecy, chaos ensues. We watch in disbelief as horses and camels charge the protesters. Knives are wielded, rocks, and other debris thrown. Side streets providing escape routes for the protesters are blocked by pro-regime supporters. It is a planned and coordinated attack. In contrast to the peaceful protests of earlier days, Tahrir Square and its surrounding streets become a bloody battlefield. Mosques transform into makeshift hospitals to care for the wounded. The battle for Tahrir Square has begun.

Violent clashes wage on into the night and through the next day. There are deaths and casualties. Heavy automatic gunfire and powerful single shots are heard. Footage will later show single sniper shots downing protesters, and vehicles deliberately plowing into protesters. The Square must also now become a hospital. With all exits from the Square blocked by pro-regime supporters, an Al Jazeera reporter is taken in and protected by the protesters for the night. He tells of how the protesters want the world to know they are victims of state sponsored terrorism against them. The reporter talks about how the protesters,

These revolutions are challenging the rhetoric of 'true democracy for all' promoted by the West. Already we see inconsistencies in the reactions of major Western powers to demands for democracy as they emerge across the different countries in the region.

including doctors, lawyers, and professors, men and women, are forced to barricade themselves in the Square, alternating between resting and returning to the frontline to defend the Square. He talks about the fear in their faces; fear that the slight gains they had made towards freedom may all be lost, and who would protect them now.

Reports had by this time surfaced that, as widely believed, the pro-regime supporters are comprised of police, security forces, public servants and others coerced to fight. They

become reincarnated as the 'third force', a tactic commonly used by autocratic regimes, most often deployed defensively to legitimise the regime as the only thing standing between chaos and order⁶. The desperation of the regime is becoming clearer. Against tremendous odds, Tahrir Square is held. The pro-regime supporters melt away and do not return.

The protesters are now too scared to leave the Square, fearful that if they do, they will be prevented from returning. Tahrir Square becomes a city within a city. It is organised and self supporting, providing all the people need; food stalls, water points, health clinics, pharmacies, rubbish and recycling facilities, kindergarten, a wall of martyrs in remembrance of those who have given their lives, artwork and newspaper areas, and flagsellers⁷. That no one group can lay claim to the revolution becomes even more amazing in the face of the massive organisational effort that is required to sustain the tent city of Tahrir Square.

February 4th: the 'Day of Departure'. The Square is filled with hundreds of thousands of people. Numbers build early in the day, swelling on completion of Friday prayers. They queue for hours on the bridges which cross the Nile in order to pass through security checkpoints manned by the military and the protesters. Friday prayers remember those who have died in the struggle, praise the courage of the people and remind them that this is not about religion or ideology; it is about political change for the people. Unlike the previous days, it is a peaceful gathering. They remember that they are here due to the courage of those who remained throughout the violence to defend the Square. That the people have come out again in huge numbers, despite the violence of the past few days, is a testament to both their courage and resolve. Still Mubarak refuses to go.

The protests continue over the next few days, with more and more lending their weight. Labour unions call for rolling strikes and join the protests. More concessions are made. There is the feeling the revolution is close to the tipping point.

10th February: rumours circulate that Mubarak will announce his departure. The celebrations begin in anticipation of his announcement. He fools everybody; remaining defiant and refusing to go. The people listen in disbelief and dismay. They react in anger. Watching, we silently will them to maintain their resolve, discipline and dignity. We send them messages of support via different websites; telling them they are close, the world is watching, don't give up. Recovering from their shock remarkably

quickly, new strategies are planned. Tomorrow is Friday. Twenty million people across Egypt are called on to join the protests. Ten million are aimed for in Cairo alone.

February 11th: millions take to the streets in Cairo and across Egypt; the biggest numbers seen yet. Finally, at just after 6pm, the Vice-President announces the resignation of Hosni Mubarak and hands power over to the Supreme Council of Egyptian Armed Forces. The joy which erupts is indescribable. After 18 days the people of Egypt have succeeded in turning what many said was impossible, into the possible.

Much has happened since February 11, much remains to be done and there is much to be vigilant about. The task ahead is enormous as Egyptians seek to dismantle a regime which has bound them for over three decades. Tahrir Square continues to be a focal point and protests continue in Egypt. On March 19th Egyptians voted on their amended constitution, a significant marker on their journey towards social justice.

Across North Africa and the Middle East popular uprisings are gathering momentum. Immediately following Mubarak's departure, web postings demanded Libya was next in line. Libya, Bahrain, Yemen, Algeria, Syria, Jordan and Morocco are all experiencing demands for reform from their citizens. While political and geographical contexts differ, common to all are issues of poverty, unemployment, government and public service corruption, unequal distribution of wealth, lack of democratic and accountable systems of political representation, inequitable access to public services, and repressive internal security and intelligence systems. While specific end goals may differ, common to all is a desire for social justice and equity.

It has been reported that analysts in North America and Europe failed to predict the revolutions. Even when Tunisia fell, commentators were quick to conclude that the same could not possibly happen in Egypt. The people in this region were seriously underestimated. For many on the outside it seemed a shock to see in this part of the world labour organisations, various religious groupings, democratic movements, youth movements, human rights movements, students, women, and professional groups; all those groupings we see in Western societies, take to the streets. For others, it was perhaps disorientating to see Muslim people presented as individuals from across the spectrum; as members of diverse and competing social classes, able to demand jobs, better wages, freedom, participation, and independence⁸. These elements, in conjunction with Islamic groups presenting as being willing

6 <http://english.aljazeera.net/indepth/opinion/2011/02/201123164851963387.html>

7 <http://www.bbc.co.uk/news/world-12434787>

8 <http://english.aljazeera.net/indepth/opinion/2011/03/201132294241122428.html>

to negotiate with others in working towards pluralistic societies⁹, challenged the stereotypes associated with 'Muslim' states. Popular uprisings in these countries are clearly demonstrating that the citizens of these countries have needs, hopes and aspirations which are as real, complex, and most importantly, similar, to those of most other peoples around the world¹⁰.

It is not only personal stereotypes which are being challenged. Also common to the majority of regimes across this region is that they have been able to exist, and are actively supported to do so by Western governments and organisations. Being challenged is the prevailing assumption that 'stability' across this region can only be maintained via dictatorial and autocratic repressive regimes; with the

The situation and future of countries across North Africa and the Middle East, is uncertain. The one certainty is that this region will never be the same again.

human rights of citizens being the unfortunate price of this 'stability'. Experience shows us that instability arises from marginalisation, poverty, disenfranchisement and lack of hope. Don't we in Western countries operate on the basis of the belief that stability is maintained through open and accountable government, in societies which are socially just and equitable? Why is this premise not considered applicable to countries in this region? Why are the lives of the citizens in these countries seen as being of lesser importance than the interests of Western powers?

These revolutions are challenging the rhetoric of 'true democracy for all' promoted by the West. Already we see inconsistencies in the reactions of major Western powers to demands for democracy as they emerge across the different countries in the region. Why are the citizens of Libya supported in their quest for social justice, but not those in Bahrain? Of critical importance is the shift that these revolutions will require of Western powers. Moves to fair, transparent and accountable governance means the interests of the Western world will no longer be able to dictate politics across this region. As Nabeel Rajab, President of the Bahrain Centre for Human Rights, put it when discussing Bahrain, "America is not our issue, your presence is not our issue. Even the opposition has declared the intention to uphold any existing agreements. No one has a problem with U.S. there, but not if you're using our bases to fight Iraq or Lebanon or Iran. No one will accept killing people from

neighbouring countries from Bahrain". That is precisely the problem the democratic revolutions pose for Western interests; meeting their own needs will become subject to scrutiny by the citizens of these countries, with outcomes no longer able to be easily manipulated¹¹.

And where is Morocco in this mix? Morocco faces all the issues common to countries across this region. Despite 19% of its population living in poverty, 17.1% of youths being unemployed and having a perceived corruption index rating of 3.4¹², protesters have taken to the streets several times in Morocco. However, there are two elements which impact on the pace and composition of Morocco's revolution. The first is the presence of Morocco's indigenous population. Although the countries across North Africa are commonly referred to as 'Arab' states, there is an indigenous non-Arab population which spreads across North Africa. Although population number estimates vary, Amazigh people, commonly referred to as 'Berber', comprise ethnically, but certainly not politically, the dominant populations of Morocco, Algeria, Tunisia and Mauritania¹³. Calls for official acceptance of Amazigh identity and state funded education in the indigenous language are included in the demands for reform in Morocco. The second element impacting on change is Morocco's literacy rate of just 56%. Remaining relatively static over the past decade, and by far the lowest rate of all countries across this region, this lack of what is a basic human right effectively blocks almost half the population from the opportunity to participate and engage in meaningful social change and reform. These two elements mean that unification within the population, such as was seen in Egypt, has not yet been achieved. Polarisation and division remain common tactics to undermine calls for social justice and social change in Morocco.

In countries where you risk your life to come on to the streets, the people are using the only weapon they have, their voices as a critical mass. One man when referring to Libya, stated "it is either freedom or death". For many in these countries it is that simple; there is nothing which exists for them in the space between. The situation and future of countries across North Africa and the Middle East, is uncertain. The one certainty is that this region will never be the same again.

9 <http://english.aljazeera.net/indepth/opinion/2011/03/201132294241122428.html>

10 <http://english.aljazeera.net/indepth/opinion/2011/03/201132294241122428.html>

11 <http://english.aljazeera.net/indepth/opinion/2011/03/201132710224885390.html>

12 <http://www.bbc.co.uk/news/world-12482680>

13 <http://phoenicia.org/berber.html>

The context and future of psychology's relationship with disasters and humanitarian work: A view from the standpoint of Massey University's Poverty Research Group

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And contributors from the Poverty Research Group: Judith Marasigan de Guzman, Jeff Godbout, Jenny Manson, Leo Marai, Ishbel McWha, Nigel Smith and Stuart C. Carr



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In the wake of the recent disasters in Christchurch and Japan, many psychologists in Aotearoa/New Zealand have asked what they, and their discipline, can do to help. This question sits nested within the larger issue of psychology's relationship to the world of disaster relief and international development. Recent initiatives at the Poverty Research Group in the Centre for Applied Psychology at Massey University are helping to define that relationship. This article explores what those initiatives might have to say about that relationship's dynamics and future. The question of what psychologists

can do in regards both to natural disasters and to humanitarian crises presents both temptingly obvious, yet potentially problematic, responses. On the one hand, as made clear by recent articles in the *Journal of Pacific Rim Psychology*, psychologists across the Pacific region have much to add to discussions of disaster preparedness (e.g., Paton et al., 2009), the resilience of people to disasters (e.g., de Terte, Becker, & Stephens, 2009), and the support and understanding of refugees or others who have lived through traumatising events and life circumstances (e.g., Davidson, Murray, & Schweitzer, 2010). In

fact, a great deal of this work in the Pacific is being conducted at the Joint Centre for Disaster Research at Massey University. In addition, psychologists specialising in several sub-fields of psychology, such as organisational psychology, have begun to demonstrate greater and greater relevance to debates within the international development system (Carr et al., 2008). However, these avenues of growth and applicability for psychology are not without limitation or controversy.

Of primary concern is the fact that in many disaster situations, and in nearly all humanitarian aid work,

psychologists might be operating across unusually steep cultural and power gradients. Even the common designation of “developed” and “developing” countries reveals the potentially problematic assumptions and practices in some aspects of international aid work (Mpofu, 2010). Because so much of psychology’s identity and theory are often rooted in higher-income European and North American, that is Western, viewpoints (Marsella, 1998), the field risks exacerbating culturally blind or detrimental practices within the international aid system. Indeed, it is believed by some that psychology’s cultural specificity is a prominent reason why the discipline has been under-represented across international and local development initiatives (Ager & Loughry, 2004).

The question of what psychologists can do in regards both to natural disasters and to humanitarian crises presents both temptingly obvious, yet potentially problematic, responses.

Nevertheless, the application of psychology to disaster and humanitarian situations is increasingly salient here in New Zealand. For example, on March 24, 2011 a group of academics, students, and humanitarian aid professionals met at the Poverty Research Group on Auckland’s North Shore. They met to discuss the importance of creating a community of psychologists in Aotearoa devoted to supporting disaster relief and aid work. What resulted was the creation of humanitarian psychology – Aotearoa/New Zealand. This group aims to build an alliance of students, academics, and professionals within New Zealand devoted to building the capacity of psychology to help respond to disasters and to support

humanitarian aid efforts more generally.

The creation of humanitarian psychology – Aotearoa/New Zealand follows on from the PRG’s leadership in helping to establish the international Global Task Force for Humanitarian Work Psychology – a steering committee of organisational psychology practitioners, academics, and students devoted to applying their expertise to humanitarian work. In addition, the Poverty Research Group has demonstrated psychology’s practical and theoretical relevance to the field of international development, for example, by completing Project ADD-UP (Are Development Discrepancies Undermining Performance?) – a research initiative which has helped to reveal a potentially counterproductive dual-salary system within many international aid organisations. The research received highest marks from the UK’s Department for International Development and its results have spurred discussion in aid and educational organisations about salary reform (Marai et al., 2010).

The question of what the future will bring on the frontier of psychology’s interaction with international development is still an open one. However, there is perhaps no better place to look than to students when attempting to divine the future of a discipline. Perhaps by looking at the students working in the Poverty Research Group, a small part of the future of psychology – especially within New Zealand – can be glimpsed.

What we find at the Poverty Research Group is a decidedly multinational and multicultural group of individuals. At the time of publication, the group will have hosted six women and men from throughout Aotearoa and the Pacific. These students and interns

have either work or research experience in at least eleven different low, medium-, and high-income nations including Haiti, Papua New Guinea, South Africa, India, New Zealand, and the United States. Some students have graduated and moved on while others are on their way to join the group. For example, Ishbel McWha – whose research was featured in the November 2010 issue of *Psychology Aotearoa* – has recently completed her doctoral research and has accepted a position as a Research Associate at Cornell University in the U.S. Judith Marasigan de Guzman – a student at the Ateneo de Manila University in the Philippines will be joining the group after being awarded a research grant from the Ryoichi Sasakawa Young Leaders’ Fellowship Fund to study poverty, aid, and development.

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Perhaps most important to the question at hand is a consideration of what research and work interests these students hold. Their interests, publications, and professional work span across a wide spectrum of psychological sub-disciplines, including: clinical, social, and organisational psychology. In addition, their interests and work have reached into a number of other fields including development studies and information technology. Leo Marai, a Co-Chair of the Global Task Force for Humanitarian Work Psychology and a national team-leader for Project ADD-UP currently works at the University of Papua New Guinea and has focused

much of his research on decent work and mental wellbeing and resilience in the South Pacific (e.g., Marai, 2004). In topical contrast, Jeff Godbout has explored the role of online networks and communities in helping to ensure that academics and professionals from lower-income societies are not excluded from the debate around the synthesis of psychology and development studies (Gloss, Glavey, & Godbout, in press). From a more traditional organisational psychology perspective, Jenny Manson completed her thesis on the person-job fit of workers in religious aid organisations and found that expatriates and locals differed in the competencies they consider vital for aid work (Manson & Carr, in press).

Perhaps the most prominent generalisation about these students is that they often seem to be motivated by a need to improve the current state of affairs in the international development system. For example, Nigel Smith's experiences with aid work in the Philippines convinced him that global efforts to reduce poverty and improve the lives of those living in lower-income countries are fraught with problems. In particular, he and others in the group have witnessed the detrimental effects of misunderstandings between expatriates and locals regarding everything from teamwork to the setting of goals. Students at the group are particularly conscious of the need to reprioritise aid work so that it delivers results that are meaningful, not just to aid workers, but more importantly, to local communities. This is, for example, what Jeff Godbout is currently doing in Haiti as he investigates the ways in which humanitarian work psychology can most responsibly and effectively listen to and respectfully support local communities in the aftermath of that

country's devastating earthquake.

Perhaps most important to the question at hand is a consideration of what research and work interests these students hold. Their interests, publications, and professional work span across a wide spectrum of psychological sub-disciplines, including: clinical, social, and organisational psychology.

In summary, there is much that psychologists can contribute to disaster relief and the field of international development, but such contributions are not without risks. In this way, perhaps it is auspicious that many psychologists in Aotearoa/New Zealand are taking the lead in such work. If these psychologists are able to live up to the bicultural ethos and related values enshrined in Te Tiriti o Waitangi (The Treaty of Waitangi), then there might be a chance that their work will not only be applicable, but that they will be socially responsible actors amongst the interlocking dynamics of justice, power, and identity that often pervade the international development system (MacLachlan, Carr, & McAuliffe, 2010).

For more information about the Poverty Research Group or any of the initiatives mentioned herein please visit: <http://poverty.massey.ac.nz/>

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What is the nature of supervision in coaching psychology?

Sam Farmer

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“Coaches who do not have adequate ... supervision bring the profession into disrepute”¹

The recognition of the coaching psychology special interest group (CPSIG) by the New Zealand Psychological Society in 2009 legitimised the growing understanding of the importance of psychologists' contribution to coaching practice in sustaining and enhancing personal and professional development.

Whilst registered psychologists are “free to refer to themselves as a ‘coaching psychologist’ [as long as they can] prove that they are competent to practice as such” (correspondence between the author and New Zealand Psychologists Board, Sept 2008), formal competencies have yet to be established in New Zealand. Indeed coaching psychology had not been “heard of ... so [we] would have to start from scratch in considering if someone were competent in that area” (ibid). If there is uncertainty about what makes a competent coaching psychologist, how can we be sure of

what is required of the guardians of such competencies – the supervisors?

Where to start?

Coaching psychology is defined as “...a process for enhancing well-being and performance in personal life and work domains underpinned by models of coaching grounded in established adult and child learning or psychological theories and approaches. It is practised by qualified coaching psychologists who have a graduate degree in psychology, relevant post-graduate qualifications, and have undertaken suitable continuing professional development and supervised practice.” (<http://www.societyforcoachingpsychology.net/index.html>)

Commentators (e.g. Sperry, 2008) emphasise the collaborative and more equitable nature of the coaching relationship. This is an important consideration for psychologists whose experience has been mainly based on working with clients where the balance of power is weighted towards psychologists. The clients of coaching psychologists often have at least as much emotional intelligence, social, economic and intellectual power as they do. As a result, whilst a New Zealand-context definition of coaching psychology has yet to be developed, the bicultural idea of partnership

within the relationship might warrant serious consideration.

In considering how core standards, ethics and competencies might be established within New Zealand, participants at the first working group meeting of the CPSIG (Auckland, 28 August 2010) agreed to investigate how the application and practice of coaching psychology is applied in other countries (most notably in the UK and Australia). An essential role of CPSIG is, keeping the New Zealand Psychological Society and Psychologists Board informed about coaching psychology. In the meantime, the issue remains that there are psychologists, the author amongst them, practising and supervising what they understand to be coaching psychology without any formal process for assuring their competency.

The question is obvious: how can the consumer be sure that practitioners are providing “only those services for which they are competent (2.2.2) [and that they are practising] new areas of psychology, or utilis[ing] new techniques, only after [they have undertaken] appropriate study, training, supervision and/or consultation from persons who are competent in those areas or techniques (2.2.3)” (Code of Ethics for Psychologists Working in Aotearoa/ New Zealand, 2002)?

The nature of coaching psychology supervision

In relation specifically to supervision in coaching psychology, there are perhaps two fundamental questions.

Firstly, given that it is such a new area of psychology, should practitioners bother with supervision specifically for the coaching psychology elements of their practice?

¹ Coaching at Work, July/August, Vol 5 (Issue 4), 2010, from a survey compiled by a working group composed of Coaching at Work, Association for Coaching, British Psychological Society Special Group in Coaching Psychology, European Mentoring and Coaching Council, International Coach Federation, Society for Coaching Psychology

Commentators in other countries (e.g. Hawkins and Smith, 2006) report practitioner resistance to taking on individual professional supervision as being due to the lack of quality trained supervisors and the high cost of supervision. Some practitioners may also lack commitment to coaching psychology-related professional development and/or worry about having poor practice exposed. For this reason, it may be that some psychologists who coach may avoid having coaching psychology related supervision, or limit themselves to occasional peer or group supervision.

The clients of coaching psychologists often have at least as much emotional intelligence, social, economic and intellectual power as they do.

Notwithstanding the above, the New Zealand Psychologists Board (NZPB) is clear that *“all practising psychologists will engage in supervision, regardless of the stage of their career and work settings/contexts ... [and] will usually involve one-to-one meetings rather than group format”* (NZPB, 2009).

The **second** question, relates to the fact that relevant supervision is a fundamental part of our practice as coaching psychologists. So, how can we be sure that *“supervisors [who] attended (or [are] planning to attend) at least one entry-level supervision course recognised/accredited by psychology professional bodies ... [and who have] regular supervision of their work”* (NZPB, 2009) will have a sufficient understanding of coaching psychology to meet the needs of psychologists who coach? Indeed, Pampallis Paisley (2006) questions how existing models of supervision can be applied to the coaching psychology context of *“multiple layers and levels of complexity ... when working in organisations”*.

Perhaps it would help to compare the understanding of supervision as outlined by the New Zealand Psychologists Board with one found within coaching psychology. The NZPB describes supervision as *“a defined scheduled time to meet with a respected professional colleague for the purpose of conducting a self-reflective review of practice, to discuss professional issues and to receive feedback on all elements of practice, with objectives of ensuring quality of service, improving practice and managing stress”* (NZPB, 2009).

The Special Group in Coaching Psychology defines *“coaching supervision [as] a formal process of professional support which ensures continuing development of the coach and effectiveness of his/her coaching practice through interactive reflection, interpretive evaluation and the sharing of expertise”* (p99, Special Group in Coaching Psychology, 2007)

Bachkirova, Stevens & Willis noted that, compared to other forms of (particularly non-psychological) supervision, coaching psychology supervisors explicitly address the psychological nature of the coaching relationship and the application of psychological theory and methods within the coaching process (2005). In addition, coaching psychology supervision should be formally structured with supervisors emphasising the importance of ethical standards and service delivery, as well as facilitating reflection and development.

Carroll (2007) considers that supervision within coaching psychology is necessary to identify practitioner strengths and weaknesses and provide an “ethical watchfulness” to protect clients. As well as strengthening the supervisee’s professional confidence and internal supervisor, the coaching

psychology supervisor’s role is to ensure that supervisees are informed of professional developments. Given the relatively new status of coaching psychology within New Zealand, apart from the two year old CPSIG, it is unclear how, to what extent and to what quality standard, supervisors are able to access research and knowledge in relation to coaching psychology. Certainly, although the CPSIG has established a googlegroup for information exchange (cpnet@googlegroups.com), there has not been extended discussion around the issue of coaching psychology supervision.

One of the factors that is perhaps unique to coaching psychology supervision compared to other areas of psychology is the systemic context in which it occurs. As a result, there is some concern that the use of ordinarily trained psychologist supervisors may not be sufficient if they themselves do not have experience of coaching (Passmore & McGoldrick, 2009). It is considered important that supervisors have an understanding of the tensions that exist between the various stakeholders of the organisational environment. In addition, it is not uncommon for a supervisor to be supervising a psychologist who is sub-contracted by one organisation to provide coaching to an individual within another organisation. The lines of accountability and confidentiality – not to mention the dynamics of the systems to which each individual, team or organisation belongs – can become extremely complex.

In their definition, specifically referring to the client, the organisation and their systems, Hawkins and Smith describe coaching supervision as a *“process by which a coach with the help of a supervisor, who is not working directly with the client, can attend to understanding better both the clients system and themselves as part of the*

client-coach system, and by so doing transform their work. It also allows the coach to discover where he or she is not currently creating the shift for the benefit of the client and the client organisation.” (p147, Hawkins and Smith, 2006)

The context of coaching psychology supervision

Coaching psychologists often have to manage tensions between developing coachees – who may decide that they want to leave their job – and the expectations of the sponsoring client – who is expecting the coachee to remain within the organisation. The supervisor, whose responsibility is to the supervisee's client – as well as to provide for the development, accountability and support requirements of the supervisee – needs to share clarity with the supervisee about whom the client is and whose needs are to be prioritised.

Dual and multiple relationships are not uncommon within the coaching field. For instance, coaching psychologists may be involved in providing leadership coaching to a senior management team which includes two coachees that they are also coaching individually – one being the direct report of the other. Or a coaching psychologist may be invited to socialise at an event hosted by the organisation; or asked to provide individual external coaching to someone whom they have met through the organisation. These are all common features of the coaching context with which coaching psychology supervisors need to be familiar and facilitate informed decisions from their supervisees.

In order both to name and illuminate the unique complexities of supervision within coaching psychology, Hawkins and Smith propose a ‘seven-eyed process model of supervision’.

This model encapsulates the wider organisational context of coaching psychology whilst focusing closely upon the supervisory relationship process (2006). Briefly, the

...coaching psychology supervision should be formally structured with supervisors emphasising the importance of ethical standards and service delivery, as well as facilitating reflection and development.

supervision focus for each of the seven modes is outlined as follows:

1. Client – exploration of client context, presentation and goals
2. Supervisee interventions – exploration of what interventions the supervisee uses
3. Client-supervisee relationship – what is the nature of the dynamics between the two?
4. Supervisee focus – build supervisee self-awareness re how they react to the client
5. Supervisory relationship – nature of working alliance; consideration of parallel process between the client and supervisee being played out in supervision
6. Supervisor focus – supervisor self-awareness relating to the supervisee
7. Wider context – systems in which client, supervisee, supervisor and their organisations find themselves (historical, political, economic, socio-cultural, ecological, stakeholder, etc)

Regular reference to this model within coaching psychology supervision can help both the supervisor and the supervisee to anchor, clarify or enhance their understanding of the supervisory and organisational contexts. It is also useful in re-defining and re-calibrating areas of tangible accountability, as well as the less tangible aspects of relationship

dynamics when the supervisee finds themselves struggling with the very real dilemmas experienced by senior executives within the organisational context.

Within the New Zealand context, it might be useful to explore whether the Tiriti concept of partnership might be integrated within Hawkins and Smith's model – for instance in relation to tuakana/mentor and teina/mentee – within Modes 3, 4, 5 and possibly 6. In addition, the bicultural concepts of *protection and participation* might fit within the seventh mode of the model. For instance, supervision might support the supervisee to explore with an executive what consideration the latter might give to engaging Māori members of her team in order to enhance their sense of inclusion and commitment to a predominantly Pakeha organisation.

The contract

“a supervisory contract ... should be developed ... that specifies the goals of supervision and the specific process to be utilised.” (NZPB, 2009).

In considering the purpose of supervision, Hawkins and Smith (2006) consider that there are three key tasks:

1. Development – To provide the supervisee with a safe space to explore and learn from their professional practice
2. Resourcing – To support the supervisee in response to the emotional demands of their work
3. Qualitative – To provide oversight to ensure ethical practice, and client safety

In order to support the successful implementation of supervision, they also offer a five-part model:

- C – Contracting
- L – Listening – including being attentive to the unsaid
- E – Exploration – of what the supervisee brings to the session
- A – Action – identifying between session tasks
- R – Review – the provision of feedback about the session and work done

Whilst the basic principles of this model may be similar to other scopes of psychology, especially to those who have been trained in providing supervision, it is in the nature of the contracting – for instance concerning lines of reporting and reference, information flow, review dates, purpose and accountabilities – that the complexities of the coaching psychology supervision context become apparent.

... it is not uncommon for a supervisor to be supervising a psychologist who is sub-contracted by one organisation to provide coaching to an individual within another organisation. The lines of accountability and confidentiality – not to mention the dynamics of the systems to which each individual, team or organisation belongs – can become extremely complex.

Giving similar primacy to contracting, Carroll (2007) details ten tasks that are essential for coaching psychology supervisors to consider within an organisational context. These include: quality and nature of information flow; identification of the client and the purpose of the coaching; consideration of ethical factors; supervisee self-care;

organisational dynamics; evaluation and dissemination of information.

In addition to the complexities of multiple relationships and accountabilities are the assumptions made around coachee, and supervisee, mental health. Nevertheless, the reality is that it is common for coaches and supervisors to have clients who experience degrees of stress, depression and anxiety. It is possible that supervisees may enter a relationship with their coachee that is different to the one for which they were contracted. Whatever their level of expertise in this area, the nature of the relationship may well change and thus the informed consent of the client. On the other hand, it may be that the coachee's level of stress or panic attacks are something with which the coachee is familiar and, with perhaps some coaching suggestions from her psychologically informed coach, feels fully able to continue with her work.

Given the relative novelty of coaching psychology within New Zealand, it would seem wise – and informative for the emerging area of coaching psychology in general – to ensure that supervision arrangements are carefully detailed and documented by the parties involved.

Conclusion

The purpose of this article has been to take a brief look at the development of coaching psychology supervision outside New Zealand and raise some questions about how it might be applied within the specific cultural and professional context of this country.

If coaching psychology within New Zealand is in its infancy, the nature of coaching psychology supervision is neonatal. Although perhaps provocative, it is not unreasonable to ask what we are doing as psychologists and supervisors in coaching

psychology to inform our “articulation of the role of the psychologist and the role of others in systems they are working with”. (p10, NZPB, 2006).

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Peer Reviewed Article

Making the Leap: Results of a 2009 Survey of Foreign Trained Psychologists Working in District Health Boards in New Zealand

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Helen Norman qualified as a clinical psychologist 30 years ago in South Africa. The majority of her experience there was in private practice. She moved to New Zealand in 2001 and has been employed in various child and adolescent services in the Waikato District Health Board, but mainly in mental health services for young people. She has served as a clinical leader for child and adolescent psychology since 2006. Her interest in this survey sprung from her own experience of transition and from assisting other foreign trained psychologists to make the leap into New Zealand.



Abstract

A national survey of foreign trained psychologists working within the public health sectors was done through a self-report survey questionnaire. The demographics of this group are explored. Adjustment to work life is evaluated in relation to other areas of adjustment to life in New Zealand. Areas of professional practice which presented the most challenges to their adjustment process are reported, in particular differences in training which pose a difficulty for foreign trained psychologists. Participants' rating of their current professional development in New Zealand compared to their previous country of work/training is reported. The helpfulness of various support sources on arrival in New Zealand is compared and suggestions are made for future improvements in professional integration of foreigners.

Introduction

In a world of unprecedented migration and globalization the profession of psychology faces the challenges of working within increasingly multi-cultural settings. Psychology claims to be an international discipline (Adair, Coelho, & Luna, 2002) and psychologists are conferencing and working between cultures more than ever before. Global mobility for psychologists is rapidly improving because of greater consensus on recognition standards and professional credentialing (Hall & Lunt, 2005). The realities of practicing psychology in another cultural setting are,

however, challenging. Not only is the psychologist adjusting to living in a new culture, but needs to work with clients from a foreign culture within foreign service-provision frameworks.

District Health Boards are the largest employers of psychologists in New Zealand, and recruitment of psychologists is a pressing issue. New Zealand relies on foreign trained psychologists to deliver a substantial proportion of services. This trend is likely to increase, placing greater responsibility on psychology leaders and supervisors to give

good orientation to facilitate rapid adjustment and enable safe, ethical practice.

The Aim of this Survey

This survey aimed to gather data on the demographics of foreign trained psychologists currently working in District Health Boards in New Zealand; their countries of origin, at what stage in their professional careers they migrated to New Zealand; whether groups were more or less experienced than others; whether foreign trained psychologists had worked in countries other than their countries of origin; whether they changed jobs once they arrived in New Zealand; whether they were practicing in different professional contexts from the ones they worked in before they came to New Zealand; how many were working in a second language in New Zealand and whether this correlated with particular professional adjustment difficulties, general adjustment difficulties or job changes.

It was hypothesized that the South African group in the study may reflect differences from the other groups because of their specific motivation for coming to New Zealand. It was hypothesized that the South African group may be a more experienced group, coming at a later stage in their professional development, that they may make more job changes and work in professional areas unrelated to their previous work experience.

The survey analyzed data on how difficult foreign trained psychologists

found adjustment to work life compared to adjustment to other areas of life, such as adjustments in social and family relationships, financial and life style adjustments. It was hypothesized that the South African group would experience more difficulties with work adjustment compared to general adjustment to life in New Zealand

Areas of professional practice posing more or less adjustment difficulties were analyzed, along with perceptions of whether current professional development compared favourably or not with that in their country of origin. It was hypothesized that participants who came from countries where training opportunities were plentiful, such as the USA and Europe, would be less satisfied than other groups about their professional development opportunities in New Zealand.

Sources of support that participants found helpful in facilitating the adjustment process at work were compared. Results will inform District Health Boards about practice areas where foreign trained psychologists are most in need of information and supervision support. Suggestions are made about how work-place adjustment can be facilitated for psychologists coming to live and work in New Zealand for the first time.

Methods

The approval of the New Zealand Health and Disability Multi-Region Ethics Committee was obtained to do the survey. The survey was disseminated via the Health Board Professional Advisors. Only psychologists who completed all their training abroad were included in the survey. The survey questionnaire asked participants to give demographic information and asked them to rank order their perception of difficulties in adjustment in 12 practice areas and 5 areas of general life adjustment. They were asked to rate their professional development in New Zealand compared to their country of training, support sources they perceived as helpful and the orientation they received on arrival in New Zealand. Results were analyzed using simple frequency counts, Duncan groupings and chi-square tests. Narrative comments on all areas ranked and rated were asked for.

Responses were received from a total of 49 psychologists from 12 DHBs in New Zealand. The total number of replies received is estimated to be 30-35% response rate, which is normal for this type of survey. There were no concentrations of any particular groups of foreign trained psychologists (e.g. SA, UK, USA) in any one location.

National Origins of Foreign Trained Psychologists

The annual workforce survey of the New Zealand Ministry of Health in 2008 shows that 20.6% of the psychologist workforce is foreign trained (68% response rate). Figure 1 shows the survey respondents (series 1) compared with the 2008 Ministry of Health data (series 2) on countries of origin of psychologists. This shows that the respondents to the survey roughly followed the demographic of countries of origin of the foreign trained psychologists surveyed by the Ministry of Health in 2008.

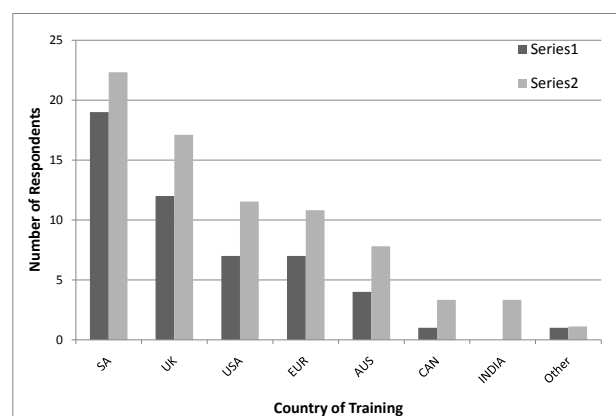


Figure 1 – Comparison of survey respondents' countries of training (series 1) compared with Ministry of Health data of 2008, (series 2)

Overall Experience of Survey Respondents

Practice experience was calculated for their experience in New Zealand and in their previous country (Figure 2). The largest group practiced between 15-20 years and a close second practiced between 5 and 10 years. These foreign trained psychologists thus represent an experienced workforce in New Zealand.

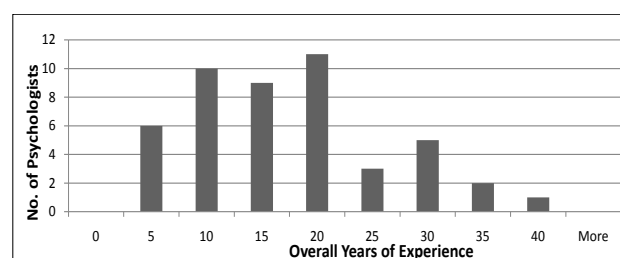


Figure 2 – Participants' overall years of experience

Comparison of Work Experience in New Zealand and Country of Origin

The stage in their professional careers that foreign trained psychologists came to New Zealand was determined by enquiring about their work experience previous to coming to New Zealand. Figure 3 shows a comparison

between the participants' overseas versus New Zealand work-experience. Sixty-eight percent had more experience overseas than in New Zealand and 26% had more experience in New Zealand. The largest group practiced in New Zealand between 0 and 5 years, and are thus still relatively new migrants who have fresh memories of the beginning stages of the transition experience. The second largest has practiced between 10 and 15 years in New Zealand, having gained some insight into the issues with practicing in their services. Statistically the group is fairly homogeneous, with no particular group from any country having more or less experience than another as reflected on the Duncan Grouping.

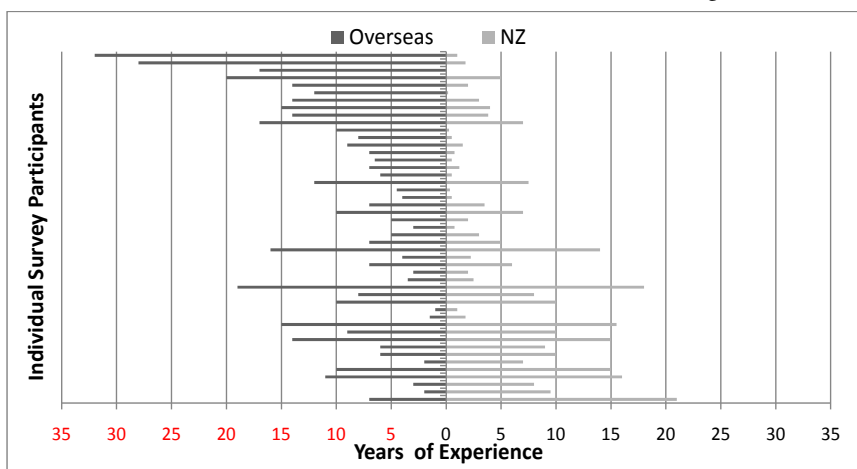


Figure 3 – Participants' years of overseas vs. New Zealand practice experience

Stability and Geographical Mobility

One aspect of the stability of the workforce was determined by calculating how many times participants changed jobs after they came to New Zealand. The biggest group (69%) did not change their work context after they arrived in New Zealand.

The South African group showed the most changes in jobs out of all the foreign groups; 8 out of 18 South African respondents said they had changed their place of work in New Zealand. For some the changes were to take on additional responsibilities and were clearly promotions (changes within the same Health Board), but others said they moved because they were dissatisfied with work conditions. In a study of South African migrants to Australia, Khawaja & Mason (2008) wrote that the South African group represents a group of migrants more closely resembling "anticipatory refugees", so it was hypothesized that South Africans may take a job offered and then attempt to improve their working conditions after they arrive in New Zealand. Although the South African group

made more job changes, using the chi-square test, there were no significant differences between the South African and other groups.

These data cannot reliably evaluate how stable the foreign workforce is in comparison to New Zealand psychologists, because there is no comparative data. Mumford (2000), in a study of young British volunteers working abroad, found that "cultural distance was the strongest predictor of culture shock" (p73) and that culture shock predicted problems at work. However, no evidence was found in this survey that language change, one of several factors creating cultural distance (Mumford 2000), was associated with a greater degree of instability (job changes). A chi-square test showed

no relationship between language change and job changes on arrival in New Zealand.

The question of whether the foreign trained psychologists are a group who have migrated and worked in many other places in the world was explored. Geographical mobility was determined by how many other places in the world foreign trained psychologists had worked. 86.6% of foreign trained psychologists had not worked elsewhere other than in their country of training. Only

2 in the sample had worked in 3 or more countries and 7 had worked in one other country before coming to New Zealand. In summation, the majority of foreign trained psychologists are not changing jobs and are first time employees in a foreign environment.

Changes in Context of Professional Practice

Interestingly, roughly two thirds of respondents were working in a similar type of service to their previous employment in their country of origin. The South African group had the most changes in work setting out of all the migrant groups. Half had a change in the type of service they worked in, more than other foreign groups. Based on the findings of Khawaja and Mason (2008), it was hypothesized that "push" factors such as a perceived urgency to emigrate by South Africans would increase the frequency of acceptance of employment within different professional contexts, and might also explain the more frequent changes of employment once in New Zealand. However, a chi-square test showed that the number of changes South Africans made was not significantly different to the number made by other groups.

Language Changes

Roughly half of the participants previously practiced psychology in a different language. In the South African group, 67% (two thirds) had a language change. The European group all had a language change. It was hypothesized that language changes may be linked to more perceived difficulties with the practice area of report writing in English. However, no correlation between language changes and report writing as the most difficult area of professional adjustment was found in this survey.

Gender Ratio

The gender ratio of survey participants was 62% female to 38% male, matching the gender distribution for psychologists in New Zealand closely (69% female and 30% male - 2008 NZ Ministry of Health, Psychologist Survey). There were no statistically significant differences in gender distributions for any of the foreign groups. There were also no significant correlations between gender and any particular practice area difficulties or any particular difficulties with general areas of adjustment.

Differences in Professional Practice Experienced

A narrative question was asked about participants' recollection of practice differences in the early stages of working in New Zealand. An impressive volume of narrative data was received.

The most frequently made comment (34 times) was that the exclusive focus on a cognitive behaviour therapy (CBT) in New Zealand was the most striking difference in professional practice encountered by foreign trained psychologists. None of the comments about this were positive, and a small minority were neutral. Many indicated that they found this narrow focus difficult to cope with, and that their own backgrounds had been more eclectic, incorporating a wider variety of psychological and therapeutic models. There were many comments that the CBT- focus in NZ was seen as restrictive, excluding of other therapeutic approaches, an over-emphasized approach, a disinterest in, and lack of, appreciation of other approaches, and that CBT "defines New Zealand psychologists". New Zealand colleagues were seen as good CBT technicians but not good at general psychotherapeutic practice. Intolerance and negative attitudes towards other psychology models were frequently commented on. One respondent wrote "I learnt to become ultra PC and speak the language of CBT to step out of the firing line. As more (people from my country) have come, I have felt less lonely and more relaxed". One psychologist said that newcomers should be

given "a warning to frame everything in CBT terminology to give the appearance of being such". Other comments were that there is a lack of developmentally integrated perspectives and a lack of understanding and training in neuropsychology amongst New Zealand colleagues.

The second most frequently made comments related to a perceived difference in professional standards in New Zealand. There were 20 diverse (positive and negative) comments made on this theme. Negative comments cited the poor standard of dress code, casualness of manner and informality with clients, poor ethical practices, clinicians' lack of interest in research, a lack of psychology leadership, and lack of strong professional identity with insufficient professional body support. Other comments were about a lack of consistency in standards required for trainees and interns, that the key-worker role dominates over the psychologist's role, and about the use of mental health staff who have little or no training. More positive comments were that clinicians have the freedom to work with clients how they best see fit, that the standards of professional practice are very similar to Australia, and that services have more uniformity and more consistency and are less fragmented than in the UK.

The third most frequently made comments related to resources within services in New Zealand. There were 19 comments of this nature and most of them were negative. Negative comments were made about the lack of funds for psychologists to continue professional development training, a lack of psychological tests, shortage of professional work space, a lack of administrative backup, and poor pay for psychologists. One positive comment was that the professional pay structure and continuing professional development fund are very organized. Clearly there are very disparate employment and resourcing conditions between the different District Health Boards.

Relationships within the multidisciplinary team (MTD) differences received 12 comments. Again there were mixed positive and negative comments. Positive comments were that professional relationships are very relaxed and informal and that there is a strong emphasis on close liaison with general practitioners. On a negative note there were comments about the heavy use of a medical model within some services. Further comments were about blurring of boundaries between professional groups in the MDT and medical specialists gate-keeping access to psychological services.

Comments about differences in multi/cross-cultural practice were made 10 times. Six participants commented on the focus in New Zealand on bicultural practice to

the exclusion of a more multicultural focus that they previously practiced. Nine comments were made about the extraordinary amounts of paperwork encountered. All of these comments were negative. Comments were that stat-keeping systems were rigid and that an unnecessarily complicated amount of paperwork had little bearing on client benefit.

Further comments were about the lack of clarity about the psychologist's role and the lack of differentiation from the roles of psychotherapists; the lack of group-work for clients and a lack of consistent treatment pathways; the low status of the profession; a small pool of available supervisors and that New Zealand psychologists are extremely risk averse.

Adjustment Difficulties to Areas of Professional Practice

Survey respondents were asked to rank 12 common areas of practice according to how much adjustment they thought that area required. The areas were: client clinical assessment; use of psychometrics; client therapeutic work; supervision practice; clinical recording; risk assessment and management practices; professional report writing; referral systems; service structures and systems; relationships with other psychologists; relationships with a multidisciplinary team and Māori cultural knowledge and practices.

This was a very demanding question and unfortunately there were 52% spoilt answers which are not included in the results. Answers were scored on a frequency of endorsement basis and results are shown in Tables 4a and 4b. Table 4a shows that areas of practice that do not require much adjustment are those relating directly to client-work itself and supervision. Psychotherapy, supervision, and the use of psychometrics were rated as very similar to previous countries. Clinical assessment and report writing were seen as requiring minimal adjustment.

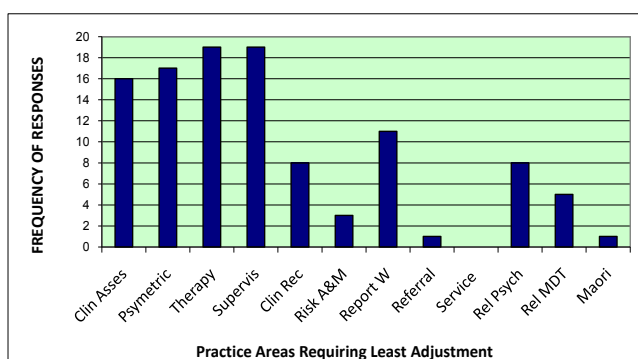


Figure 4a – Areas of Professional Practice requiring the least adjustment

Figure 4b shows that practice areas requiring the most adjustment are those which relate to how services are

structured in New Zealand, referral systems, Māori knowledge and bicultural practice. Relationships within the multidisciplinary teams were reported as requiring some adjustment.

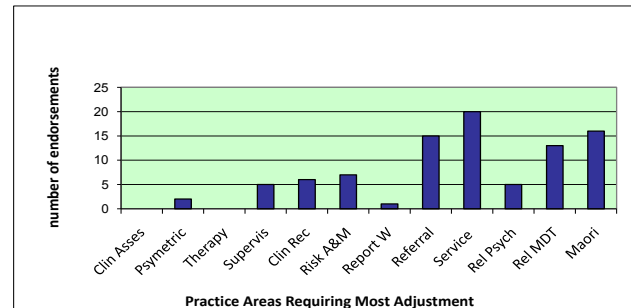


Figure 4b – Professional Practice Areas requiring the most adjustment

There were no noticeable differences between different country groups. Risk assessment and management came up as the area most frequently endorsed as lying between most and least adjustment, with some participants having prior knowledge and others not.

A Comparison of Adjustment to Work-life and Other Areas of Life

Survey respondents were asked to rank which of five areas of life required overall the most to least adjustment for them. Areas specified were; personal lifestyle; work life; financial status; family life and friendships. Unfortunately 28% were spoilt answers and were not included in results.

Foreign trained psychologists rated friendships as the overall area of life which was most negatively affected. Next, work-life, then finances, and then family life were most affected areas.

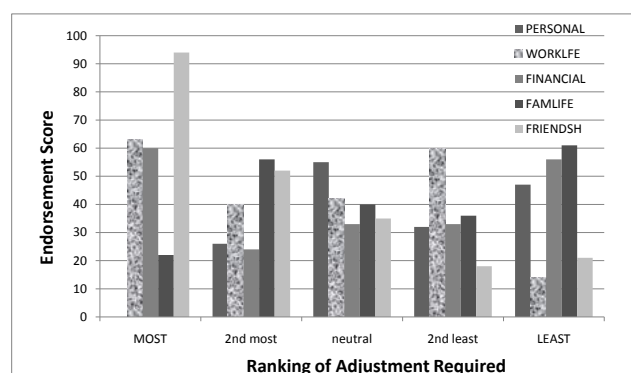


Figure 5 – Areas of life respondents rated as requiring the most to least adjustment

Responses from the South African group were compared to those of other foreign groups to test the hypothesis that their adjustment would reflect greater difficulties with

work adjustment and fewer difficulties in other areas of adjustment. Figure 6 shows the areas scored on a simple frequency of response and the most and second most areas were collapsed together for purposes of this comparison.

Friendships were rated by all the groups as the most affected area, but to a lesser overall extent by the South Africans, although it still remains the area most affected for them too. This is perhaps because of strong South African community support networks that exist in New Zealand.

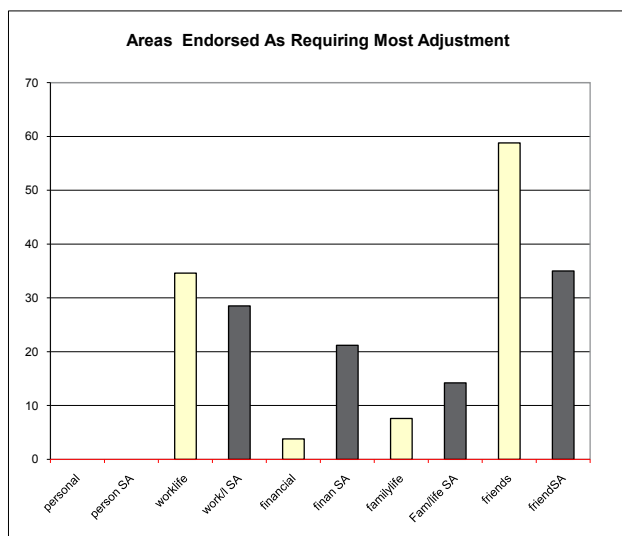


Figure 6 –Frequency of South African and other groups' responses showing areas of life most affected by migration

The second area of difficulty was adjustment to working life, which is equal for all groups. Third was family life, but again slightly more so for the other groups than for South Africans. Finances affected South Africans more than other groups, perhaps because of the poor exchange rate of the South African Rand to the New Zealand Dollar compared with the favourable exchange rate for most other developed countries. Personal lifestyle was least often rated as requiring the most adjustment, and again was rated as slightly more of an adjustment by South Africans than other groups.

Comparison of Continuing Professional Development in New Zealand and Countries of Training

Participants were asked to rate their satisfaction with the continuing professional development training they are receiving in New Zealand compared to what they had previously. It was hypothesized that psychologists from the USA, UK and Europe would compare their opportunities for continuing professional development in New Zealand unfavourably to their previous experiences. Responses did confirm this hypothesis.

The South African group rated their professional development in New Zealand more favourably than did the other foreign groups, with 70.5% rating their continuing professional development much better or somewhat better than they had before. No South African respondent rated their professional development as worse than they had before.

The most dissatisfied groups were from the USA, but the UK, European and Australian groups also showed high dissatisfaction with professional development opportunities. One respondent commented that the training opportunities available in Europe are richer and more diverse.

There was no relationship between dissatisfaction with continuing professional development and the District Health Board where psychologists were employed.

Support Sources Seen as Helpful in Adjustment

A number of sources of support were listed and respondents were simply asked to endorse those helpful in the workplace adjustment process. Again, many narrative comments on positive aspects of adjustment were received. Support sources listed were: support from other foreign-trained psychologists, supervision support, friendships with New Zealanders, support from New Zealand colleagues, reading material, family support, formal orientation and training opportunities.

In Figure 7, the most frequently endorsed source of support was support gained from other foreign psychologists. Here it is interesting to note that 100% (all) of the South African psychologists said that this was a support for them. This group relied only 50% on New Zealand colleagues in comparison. The second most frequently endorsed source of support was supervision support. It is interesting to note that 100% (all) of the European psychologists endorsed supervision as a positive source of support.

The third most frequently endorsed area was friendships with New Zealanders. This was endorsed 100% by the Australian group and at rates of 71% and 61% by Europeans and South Africans respectively. It was not endorsed much by the North American group (16.6%) and at 41% for the UK group. Next and equally endorsed was the support of New Zealand colleagues and reading material.

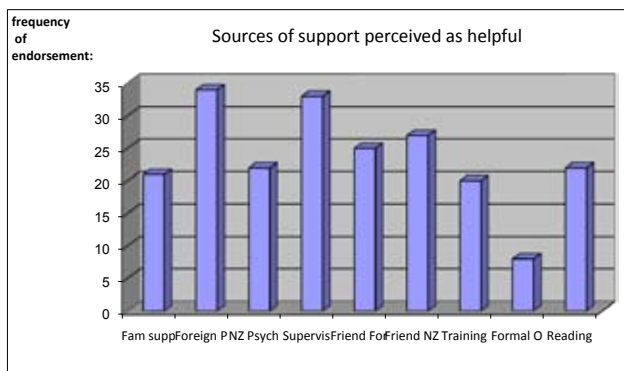


Figure 7- Frequency of endorsement of support sources perceived as helpful

Respondents' Ratings of Professional Orientation on Arrival in New Zealand

Respondents were asked to rate their orientation to professional practice when they first arrived. Good orientation was in short supply, suggesting that there is room for improvement in this area. There was no evidence that psychologists had a better orientation experience in some Health Boards than others. Comments showed that the efforts of one particular individual can make for a good orientation. There was also no evidence that people who were more recently orientated got a better orientation than those who came many years ago, or that country of origin was linked to satisfaction.

Figure 8 shows numbers of participants who thought their orientation was very poor, somewhat poor, adequate, fairly good or very good.

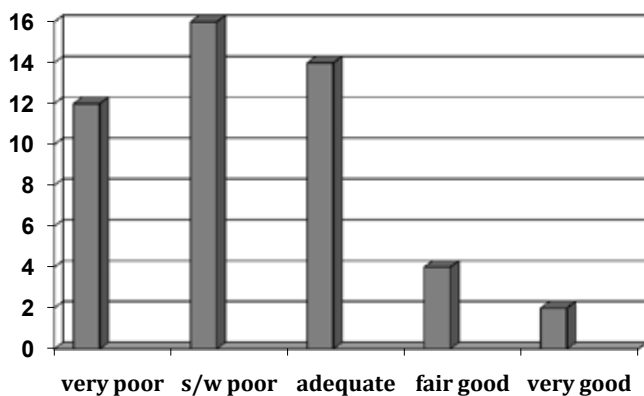


Figure 8 – Endorsement of ratings of workplace orientation on arrival in New Zealand

Recommendations for how Orientation for Foreign-trained Psychologists could be Improved in the Future

Respondents were asked a narrative question about their orientation. Many narrative responses give some insight into how the orientation process might be improved for

foreign-trained psychologists in the future.

- **More/better anticipatory knowledge** was frequently suggested as helpful, including specification of working conditions, differences between psychologists and psychotherapists and counsellors, and reading material regarding the registration process.
- **Formal orientation and clinical leadership** should be given by another psychologist, preferably another foreign trained psychologist (not another health professional) with realistic time frames for adjustment. Supervision should be available immediately on commencement of work.
- **A formal training workshop** was suggested, covering legal aspects of clinical work, overview of service structures, referral systems, administrative requirements, bicultural training, and support.
- **Informal orientation** suggestions included mentorship, in addition to supervision and observation of a senior colleague's work.

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ABSTRACTS of Students' Theses

As a new initiative in *Psychology Aotearoa*, we will periodically publish abstracts from student theses conducted over the previous 12 month period. To the best of my knowledge, this is the first time we have undertaken this activity, and we hope that this material will provide valuable information on the range of research which is being carried out by research students (at Masters and PhD levels) at our universities. For more detailed information on any particular thesis, I suggest that you contact the thesis supervisor at the relevant university.

For this first instalment, we have selected research theses conducted in the area of industrial-organisational (I/O) psychology. Unfortunately, due to the earthquake in Christchurch in February, we have been unable to assemble a set of I/O psychology thesis abstracts from the University of Canterbury. We hope that we might be able to publish these in the next issue. Hence the abstracts that follow come from Auckland, Massey and Waikato universities. It is not a total list of abstracts, as some were unavailable at the time of compiling this list, but we believe it is reasonably reflective of the range of research which has been completed in 2010 by Masters and PhD students at these universities.

We welcome feedback on this initiative, and we would also like to publish thesis abstracts from other areas of Psychology in future issues of *Psychology Aotearoa*. Please contact me if you have any feedback or comments.

Ngā mihi nui,

Michael O'Driscoll, Editor

UNIVERSITY OF AUCKLAND

(Note: Some abstracts below have been edited.)

Thomson, Maria (PhD, 2010)

Thesis title: *Measurement of Work Fatigue: Work Fatigue, Work Characteristics and Individual/Organisational Problems*

Chief supervisor: Brenda Lobb; co-supervisor: Helena Cooper Thomas

Although work-related fatigue has been shown to have strong associations with individual and organisational problems, research to date has lacked clear, context-specific definitions of fatigue and has thus provided little guidance to organisations for its measurement and management. Conceptualising fatigue as an intervening variable, this series of studies aimed to develop a reliable and valid scale appropriate to the New Zealand workplace and use it to examine relationships between work characteristics, fatigue and individual and organisational problems. The Work Fatigue Index (WFI) was developed using a literature review to locate existing scales, collation and reduction of items to remove redundancy and face-to-face prototyping with selected employees representative of several New Zealand workforces to ensure appropriate and comprehensible content, language and style. When the resulting scale was administered to five different samples

of New Zealand workers across various industries, exploratory factor analysis yielded two 8-item factors, physical and mental fatigue with satisfactory internal reliabilities ($\alpha > .7$), for all samples. However, the summed total of all 16 items into a one-factor Global structure was a more reliable solution across the different samples. Test-retest reliability of the WFI was moderate ($r > .8$) to high ($r > .9$) and stronger in stable work environments than in unstable work environments, suggesting good discriminant validity. The WFI was also shown to have good convergent validity with a pre-established and widely-used fatigue scale and also with objective performance assessments. Moderate to strong associations were found between WFI scores and individual/organisational problems (tardiness, intention to leave and job satisfaction, performance, injury with no time off, sickness and fatigue absenteeism, near misses and sickness absence). Fatigue measured using the Global WFI was linked directly with a number of work characteristics and further, was shown to interact, in both moderating and mediating models, with work characteristics (mental demands, co-worker and supervisor support) to predict individual/organisational problems. These results have direct implications for the prediction and management of work fatigue and associated individual and organisational problems.

Rust, Emily (MSc, 2010)

Thesis title: *An investigation into the relationship between perceived fatigue and job performance, including the effects of motivation and circadian type, in restaurant chefs*

Supervisor: Brenda Lobb

Much research has been devoted to investigating occupational fatigue, including attempts to identify causes, effects and related individual and workplace variables. Conceptual models have been explicitly or implicitly proposed to describe relationships between relevant variables. However, no researchers have, to the knowledge of this author, empirically evaluated these models in an attempt to distinguish between them. Therefore, the purpose of this research was to compare the predictive ability of three such models with a view to increasing understanding of the fatigue process within a given organisational context and informing effective interventions. A defined organisational context was selected - mid-range, full-service restaurant kitchens - and experienced restaurateurs were interviewed to identify which of the variables previously linked with fatigue and represented in these models were likely to be present in that context. Those identified as relevant included sleep deprivation, perceived workload, perceived fatigue (and energy), motivation, circadian type (morningness/eveningness) and performance decrements (increased

frequency of errors). To measure these, a questionnaire was designed using existing validated scales where possible, prototyped and administered to a representative sample of 121 chefs in mid-range, full-service restaurants from 31 different organisations. Little support was found for any of the three models tested; none appeared able to explain the way in which fatigue operates in this population of workers. However, the relationships between perceived workload and perceived fatigue, between sleep deprivation and number of errors, and between perceived fatigue and number of errors, were moderated by the individual variables circadian type and motivation. Based on these findings, a new conceptual model was proposed, suggesting that fatigue may be best described as a transactional process similar to that commonly understood for occupational stress. Further research is required to determine the causal and moderating variables relevant to outcomes important in various work contexts.

Brereton, John (MA, 2010)

Thesis title: *Fatigue, circadian type and time-at-work*

Supervisor: Brenda Lobb

While research has linked fatigue with many individual, environmental and work-related factors, inconsistent conceptualisations of fatigue together with methodological problems have limited understanding. This has led to calls for more controlled studies to clarify the role of these factors. Therefore in the present study fatigue was defined as a hypothetical construct with the observable referents perceived fatigue and performance decrements. A repeated-measures field experiment investigated changes in perceived fatigue and performance with increased time-at-work and the potentially moderating role of circadian type on this relationship. Thirty-two full-time, high-level knowledge-workers completed five testing sessions across one day of normal working hours. Perceived fatigue was measured using the Work Fatigue Inventory (WFI) and Visual Analogue Scale of Fatigue (VAS-F) scales. Performance changes were measured using the Booth Reaction Time (BRT) test and the WOMBAT, a measure of interpolated task performance. Results showed that perceived fatigue on both measures initially decreased across the morning sessions before increasing in the afternoon. Circadian type moderated this relationship: morning types

reported an increase in perceived fatigue in the second half of the day, whereas evening types reported a decrease in perceived fatigue in the first half of the day. Regarding performance, reaction times showed no changes across the work-day. However, there was a positive relationship between WOMBAT performance and time-at-work, which was moderated by circadian type: evening types had a significantly greater improvement in WOMBAT performance in the afternoon. These findings suggest that consideration of circadian type in shift scheduling (i.e. which shifts are best for which circadian types) and work allocation timing (i.e. when individuals feel least fatigued and most able to complete difficult or demanding work during the day) may be useful.

Oh, Si Jia Eunice (MSc, 2010)

Thesis title: *Fatigue, motivation and time-at-work*

Supervisor: Brenda Lobb

In response to calls for more controlled studies to aid understanding and management of work-related fatigue, this repeated-measures, experimental field study examined the relationships between time spent at work, motivation and fatigue, while controlling for time of day, perceived workload and sleep duration. Performance-based draw entries were used to manipulate motivation. Self-reported motivation and two aspects of fatigue - perceived fatigue and performance changes - were measured in high-level knowledge workers. As reliable and valid job performance measures were unobtainable, interpolated task performance was measured instead. The results showed that there was a U-shaped pattern in perceived fatigue as time spent at work increased. With regard to interpolated task performance, there was an increase, a V-shaped pattern or no change in performance as time spent at work increased, depending on the interpolated task and performance metric under consideration. Generally, there appeared to be a negative relationship between self-reported motivation to do well on the job and perceived fatigue and a positive relationship between self-reported, task-related motivation and task performance. Additionally, the results suggested that self-reported motivation moderated the relationships between time spent at work and both perceived fatigue and performance.

However, the relationships between time spent at work, motivation, perceived fatigue and performance also appeared to be moderated by other variables, i.e., age, gender and perceived workload. Therefore, the results suggest that organisations interested in manipulating motivation to reduce perceived fatigue or improve performance would have to consider the combined influence of the relevant moderators as well, before deciding whether the manipulation would be worthwhile.

O'Rourke, Teresa (MA, 2010)

Thesis title: *An evaluation of the Microdesk™: a cure for musculoskeletal discomfort?*

Supervisor: Brenda Lobb

Musculoskeletal discomfort and injury is a costly problem for many organisations today. Prolonged computer use has long been associated with increased risk of musculoskeletal discomfort/injury attributed to various biomechanical and psychological factors and work characteristics. Many interventions have been tried: task redesign (rest breaks, micro-breaks, job rotation), workspace redesign (tools, furniture, layout), warning/reminder signs or assistive devices (copyholders, wrist supports), training in safer techniques, safety policies and management strategies aimed at compliance. However, scientific evaluations of effectiveness are scarce and many are poorly done, e.g., with several interventions introduced concurrently and/or many potential confounds unidentified or unmeasured, which reduces the ability to draw conclusions. This controlled field experiment aimed to evaluate the Microdesk™, a document-holder with an adjustable, clear, sloping writing surface designed to improve the comfort, safety and productivity of people working simultaneously with a computer and papers by reducing the need for risky postures. A within-subjects ABAB (double reversal) design was used to control for individual factors and for unmeasured constant external factors. Thirty-two administrative officers whose daily work included at least four hours of work using a computer and documents simultaneously participated over four months, using a Microdesk™ during months 2 and 4, but not during months 1 and 3 and completing a questionnaire at each month's end. Pain/discomfort, productivity, fatigue, stress and usability were measured

as well as workload and non-work injuries and changes in work. All participants found the Microdesk™ easy to use. Microdesk™ use reduced pain/discomfort and fatigue. Productivity increased similarly for half the participants while the remainder indicated no change. Pain, stress and fatigue decreased slightly but systematically across the four conditions suggesting study participation alone may have increased awareness of posture with beneficial effects. None of these changes could be attributed to changes in hours worked or workstation characteristics. It was concluded that the Microdesk™ is an effective, easy-to-use intervention to reduce musculoskeletal pain/discomfort and fatigue and increase productivity during prolonged simultaneous use of computers and documents.

Turner, Philippa Anne (MA, 2011)
Thesis title: [Repeated questionnaires and the reduction of musculoskeletal discomfort](#)
 Supervisor: Brenda Lobb

Although our increasing reliance on computerised work tasks has been associated with a number of benefits to both organisations and their employees, such reliance has been accompanied by a widespread increase in work-related musculoskeletal discomfort, injury and illness experienced by those who work extensively with computers. Although many interventions have been proposed to alleviate this problem, scientific evaluations of effectiveness are rare and frequently suffer from methodological problems, limiting our ability to draw conclusions. Further, most are expensive to implement. While O'Rourke's (2010) study (see preceding abstract) demonstrated that use of a specially-designed document holder significantly reduced musculoskeletal pain and fatigue and increased productivity compared to non-use, it also suggested that completion of monthly questionnaires asking about computer use and musculoskeletal discomfort may by itself contribute to pain reduction, perhaps by drawing attention to the need to avoid awkward postures. Therefore in this study, a longitudinal, within-subjects repeated measures survey design was used to evaluate the effect of repeated monthly exposure to questionnaires asking participants who work concurrently with computers and documents to report on musculoskeletal pain, fatigue, stress and productivity. It was found that repeated exposure to the

questionnaires reduced reported work-related musculoskeletal pain, but had no significant effect on any other variable measured. Reduced pain could not be attributed to participant demographics or changes in work, task or workstation characteristics during the study period. It was concluded that at least for the duration of participation, regular exposure to questionnaires asking about work and pain may be a cost-effective intervention.

Thomas, Robyn (MA, 2011)
Thesis title: [Job Complexity and Wellbeing in Primary School Teachers](#)
 Supervisor: Brenda Lobb

Impaired wellbeing has been identified as a major problem for primary school teachers. While there are many variables that could be influencing the wellbeing of teachers, a wealth of literature suggests that the increasing complexity and intensification of teaching, caused by the addition of more tasks to teachers' roles, may be an important factor to consider. However, no researchers, to the knowledge of this author, have empirically tested the relationship between complexity and wellbeing in teachers. Therefore this study aimed to investigate the relationship between work complexity (number of different task types, number of switches between tasks, and interruptions) and wellbeing (stress, fatigue, job satisfaction, presenteeism and absenteeism) in primary school teachers. Interviews were conducted with experienced teachers and using the results of these interviews and a literature review, a questionnaire was designed and administered to 123 primary school teachers from 21 different schools. Results indicated that when controlling for age, gender, school decile and number of students in class, complexity significantly predicted stress, fatigue, presenteeism and reduced job satisfaction. Hence the complexity of work experienced over a working day appears to be an important factor in the wellbeing of primary school teachers.

Xiong, Ying (Sophie) (MSc, 2010)
Thesis title: [Motives and Norms Predicting Knowledge Sharing Behaviour: An Integrative Analysis](#)
 Supervisors: Snejina Michailova & Helena Cooper-Thomas

Organisations today increasingly recognise the need to support and encourage

knowledge-sharing (KS) among employees. However, the mere availability of technology does not guarantee that knowledge will indeed be volunteered and shared. The present study elaborates on previous research suggesting norms and motives constitute key factors in predicting KS behaviours. It draws on the theory of reasoned action (TRA) as a motivational framework and augments it with self-determination theory (SDT) to investigate the motivational factors underlying KS intention and KS extrinsic rewards (including monetary and non-monetary rewards) and intrinsic motivation (measured by enjoyment/interest, knowledge efficacy, sense of relatedness and perceived choice) on attitudes and subjective norms towards KS that, in turn, predict KS intention and behaviour. The data was collected via a web-based survey with 116 knowledge workers in the business consultancy sector in New Zealand. The resulting path model outlines the ways in which expected extrinsic rewards and intrinsic motivation, directly or indirectly, related to attitudes and subjective norms which, in turn, predicted KS intention and KS behaviour. The results confirmed the propositions of TRA; attitudes (path coefficient = .35, $p < .001$) and subjective norms (path coefficient = .38, $p < .001$) were strong, direct predictors of KS intention and KS behaviour, respectively. However, there was a discrepancy KS intention and KS behaviour (path coefficient = .10, ns) which implied that respondents may fail to act in accordance with their stated KS intentions. The resulting path model provides evidence for the hypothesized mediation effects of (1) intrinsic motivation on the relationship of expected extrinsic rewards with attitude (indirect effect size = .15, $p < .01$); (2) subjective norms on the relationship of expected extrinsic rewards with KS behaviour (indirect effect size = .15, $p < .01$). These findings suggest that the business consultants' intrinsic motivation KS might not be reduced by extrinsic rewards; rather, intrinsic motivation and subjective norms towards KS are necessary co-requisites for extrinsic rewards to be motivating. A critical discussion of the present findings with respect to KS with both the motivation literature and knowledge management practice are provided.

Owen, Felicity K. (MSc, 2010)
Thesis title: [Can We Help Newcomers](#)

Adjust at Work By Seeing Things Differently?: Assessing a Positive Framing Intervention

Supervisor: Helena Cooper-Thomas

The purpose of this study was to investigate the effectiveness of a positive framing intervention in facilitating newcomer adjustment. Adjustment was measured through the socialisation outcomes: learning (social, interpersonal resources, role, organisational) and job satisfaction. Based on a sample of 62 newcomers (in role for less than 4 weeks at outset), two groups were established: an intervention group (n=23) and a control group (n=39). The majority of participants were between 21 and 30 years old and held undergraduate degrees, and just over half were females (56.5%). The control group completed three questionnaires across three time points: 4, 8 and 12 weeks post-entry into their new role. In addition to the questionnaires, the intervention group also completed three weekly positive framing exercises between weeks 4 and 8. The results indicated that the intervention did not statistically or significantly alter positive framing levels and there was no difference between the two groups. However, from an exploratory perspective, levels of positive framing decreased for the control group while the intervention group maintained steady levels. Furthermore, positive framing was a statistically significant predictor of job satisfaction but not any of the learning domains. Moderation was found for the social tactics (investiture and serial) on the relationship between positive framing and job satisfaction. Positive framing was more strongly related to job satisfaction in newcomers for whom the social tactics were low. Moderation was not found for the social tactics on the relationship between positive framing and the learning domains. These results indicate that it is hard to intervene with newcomer adjustment but that positive framing is a predictor of some socialisation outcomes. They also provide support for an interactionist approach, with organisational socialisation tactics and newcomer proactivity working together to predict socialisation outcomes.

Winquist, Joanne C. (MSc, 2010)

Thesis title: *Licensed to Laugh: Composition and Importance of Fun at Work*

Supervisors: Barbara Plester & Helena Cooper-Thomas

The three questions guiding this research

were “What is fun at work? Is it important for everyone? And does it predict intent to quit?” An online questionnaire which included qualitative and quantitative questions was administered to 135 employees in order to explore these issues. An analysis of internal consistency, a principal components analysis and a thematic analysis of the qualitative data were used to investigate what comprises fun at work, and each found that it consists of organic, managed, and task-related forms of fun. An unexpected result was that 10% of participants had negative or ambiguous attitudes towards fun at work, and that most of these negative responses were towards managed fun. Friedman Rank and Wilcoxon Signed Rank tests, used to investigate differences in opinion of importance of fun, found evidence for a perceptual error among supervisors, who tended to erroneously believe that they and their subordinates share opinions of the importance of fun. Finally, the results of a logistic regression showed that managed fun, task-related fun, and social support independently make significant contributions to predicting intent to quit. When these were measured together with decision latitude and psychological job demand, the model predicted almost 30% of the variance of intent to quit. Implications are that firstly, organic, managed, and task-related fun should each be considered in investigations and promotion of fun at work. Secondly, supervisors should take care not to assume that they understand what their subordinates find fun. Thirdly, organisations should be aware that task and managed fun can predict intent to quit. Finally, as managed fun is the most likely to attract negative reactions, it should be implemented with caution.

MASSEY UNIVERSITY

Davy, Doreen (PhD, 2010)

Thesis title: *The triangular working arrangement: A qualitative study of the relationship between Auckland temporary staffing agencies, their client organisations and temporary clerical workers.*

Supervisors: Jocelyn Handy and Dianne Gardner

This research explored the triangular working relationship between employers, temporary staffing agencies and clerical temporary workers. The study used a qualitative approach to investigate the interdependent

relationship between these three groups within the context of the buoyant Auckland labour market of 2006 and 2007. Findings are based on in-depth interviews using a grounded theory methodology. Participants comprised ten employer representatives, ten employment agency consultants and twenty female agency clerical workers. Interviews with the employer representatives revealed that employers expected agencies to facilitate swift and unproblematic access to a reliable, hardworking and disposable workforce. Unfortunately, labour market conditions meant that agencies were increasingly unable to meet this requirement. In consequence, employers developed various strategies designed to limit their dependency on agencies. These tactics helped solve employers' staffing needs but created problems for agencies. Agencies function as intermediaries between employers and workers. In order to operate profitably they need to generate a demand for their services and have a reliable supply of good quality workers. According to agent respondents, these conditions existed at the start of the last economic boom but had now changed. An oversupply of agencies, coupled with an undersupply of temporary workers meant that agencies were finding it increasingly difficult to meet their clients' needs. Agencies used various strategies to try and overcome these problems but were seldom able to meet the needs of both their clients and their workforce. Although temporary workers were in a more favourable position in the labour market, this did not translate into improved working conditions. Temporary worker respondents described social alienation, poor pay and benefits and monotonous assignments as commonplace. In consequence, most respondents eventually left temporary work for permanent employment. This research has demonstrated that labour market conditions and the structural conditions of temporary work strongly influenced the activities of each group in the triangular working relationship. The aims, expectations and behaviours of the three sets of participants were often mutually incompatible which limited the manoeuvrability of each group. This created outcomes which were often unintended, and frequently suboptimal, for all three parties.

Hooks, Rachel Anna (MSc, 2010)

Thesis title: *Local-expatriate contact, cultural*

contrasts, and their role in expatriate adjustment in Malaysia.

Supervisor: Stuart Carr

The aim was to examine Turner's (1985) self-categorization theory and contact theory (Stephans, 1987) among expatriates working alongside host country nationals in Malaysia. Meta-contrast ratios are differences between self (expatriate) and others (Malaysian host country nationals) compared with the difference between self and less "exotic" others (fellow expatriates). Do they mediate between social contact and expatriate adjustment? Ninety-three expatriates from one expatriate community were surveyed about their level of social contact with (i) host country nationals and (ii) fellow expatriates. To assess meta-contrast, participants made comparisons on socio-cultural and psychological variables between themselves and fellow expatriates and between themselves and local hosts. This was then tested as a mediator between expatriates (i) level of social contact with host country nationals and fellow expatriates, and (ii) their overall expatriate adjustment. Fellow expatriates were consistently perceived as more similar to participants on socio-cultural and psychological indicators than host country nationals ($F(16,77)=15.13$, $p<0.000$, partial $\eta^2 = 0.832$). Mediation was not supported. Instead social contact and meta-contrast had direct effects on socio-cultural adaptation. Expatriates who perceived more similarity between themselves and host country nationals had better adjustment. This research has implications for both theory and practice. The operationalization of Turner's (1985) concept of meta-contrast provided a useful integrative measure of the competition for socialization between expatriate and local communities, with consequences for adjustment. A significant percentage of expatriates had no social contact with host country nationals, suggesting employers might enable more social contact with host national communities, especially during the orientation phase.

Menon, Karen (PhD, 2010)

Thesis Title: *Sense of Identity among Samoan Migrant Women at Work and Living in Auckland, Aotearoa/New Zealand*

Supervisors: Stuart Carr, Kerry Chamberlain, Graeme Macrae

This study, leaning on existential phenomenology, explores how the

experiences of 'being working women' have helped to shape the identities of Samoan women in Auckland. It explores how these women, who grew up within a strong cultural framework and who migrated to New Zealand to engage in work, perceived their transitional processes and how these processes shaped their sense of identity. The focus of the research lies on positive aspects that constitute opportunities for personal development. The objective is to make understood the relationship between being a migrant, being a woman and being at work with regard to identity formation processes. In semi-structured in-depth interviews, twenty Samoan migrant women shared their experiences about coming to Auckland and taking up work. Their accounts were audio-taped, transcribed and analyzed by using a hermeneutic interpretation approach drawing on Heideggerian concepts. In this process, the researcher moved back and forth between the themes evolving from their stories, key patterns and relevant literature about work, migration and sense of identity. The explicated themes and patterns were then compared for consistency with the original accounts of the participants. The study showed that, for women in this study, work played an important part in their identity processes. During the interpretation of the data, the following major domains involved in identity formation by way of 'being at work' crystallized: 1) changes in self-views through introspective processes, 2) transformed self-views through relationships with others, 3) self-processes linked to lived space over time. The data analysis showed that the processes in these domains were of an interacting, reciprocal nature. It also showed that the changes in the participants' sense of identity were created by reflective processes such as internal dialogues. Having reassessed and changed some of their ways of 'being and doing' created changes in the participants' roles in relationships with others. As their status changed from being positioned as not-knowers to being acknowledged as employees who had unique skills to offer to their colleagues, the participants underwent changes from being 'outsiders' to becoming 'insiders' at work. The participants' increase in status at work, in return, gained them status as experts, advisors and advocates in their families and community. Elders and males who initially opposed these women's career ambitions at work now acknowledged them as experts

in their field of work or as professionals who were in a position to assist and support them in a number of ways. The changing understanding in the wider socio-cultural environment about Samoan women's choices shaped how they experienced their life-worlds and, ultimately, perceived themselves. These identity processes continued 'over time in historical space'; they changed the participants' — and ultimately other Samoan women's — social standing at their workplaces and in their community. The participants' accounts indicated that being in paid work served a number of purposes, such as financial and personal autonomy and having more control over their choices about the ways they wanted 'to be' and 'do things'. Over time, for the participants, the benefits of being in paid work in relation to their self-development were: a) moving from shyness and insecurity to increased levels of assertiveness, autonomy and control over their lives through exploring and applying their strengths, b) moving from not-belonging and being 'strangers' to being part of the 'home-group' through affiliation with others at work, and c) increased social status and roles as change agents at work, in their family and community through transferring cultural knowledge and work skills across these domains, and thereby contributing to changes in their cultural environments over time and across space. In conclusion, for the Samoan migrant women in this study, 'being in paid work' was experienced as more than a source of sustaining their existence. In particular, 'being skilled working women' added to their sense of identity via opportunities to explore their latent skills and develop new competencies. Likewise, for women in other cultures, migration and work can provide opportunities for personal development not accessible in their country of origin.

Overdale, Sarah (BSc Hons, 2010)

Thesis title: *Social Support and Coping Adaptability in Initial Military Training*

Supervisor: Dianne Gardner

The purpose of this research was to explore interpersonal and intrapersonal factors associated with positive outcomes in initial core military training. Social support from sources both within and external to the training environment, and coping adaptability, the ability to match coping strategies to environmental demands, were considered as important for

achieving successful training outcomes. It was hypothesised that coping adaptability would be associated with higher perceived social support, and would account for the relationship between social support and difficulty coping with the demands of training, self-rated performance, and military belonging. Hierarchical regression techniques and bootstrapping of indirect effects were used to explore these relationships in a sample of 2293 military recruits. Instructors were the most important source of social support; support from instructors was directly related to lower difficulty coping and higher performance and military belonging. Support from external sources was related to higher coping adaptability, performance, and military belonging, and, paradoxically, to increased difficulty coping. Coping adaptability was a key mediator of the beneficial effects of external social support on training outcomes, and was the most important predictor of difficulty coping and self-rated performance. These results are discussed with reference to the relevance of the resources provided by different sources of support. Instructors may provide resources relevant to the management of training demands and performance improvement, while external sources of support provide resources relevant to building adaptability. Practical applications, limitations of the study, and directions for future research are discussed, with an emphasis on the need for longitudinal studies clarifying the issue of resource relevance.

Rive, Grace (MA, 2010)

Thesis Title: [Work patterns in later life: Work intentions and behaviours in older New Zealanders](#)

Supervisor: Fiona Alpass

The overarching goal of this study was to find positive predictors of workforce participation for older workers, therefore assisting in retaining and prolonging participation of this group in the labour force. This outcome is of prime importance to New Zealand in the future. The study consisted of three parts. The first explored the predictors of older New Zealand workers' intentions to remain in paid work 2 years later. The second assessed the accuracy of work intentions in terms of later work status and explored the predictors of divergence between the two. The third analysed the predictors of remaining in some form of paid work 2 years later.

Gender differences were also assessed in each section. The sample, from the Health, Work and Retirement study, consisted of 1389 males and females, aged 53-76 years. Data from waves one (in 2006) and two (in 2008) of the HWR study was utilised. Using logistic regression analysis, several significant predictors of intending to remain in paid work 2 years later were identified, including: demographics, health and wealth, and work-related factors. Gender differences were found in these predictors in that work-related factors were important in predicting intentions for males but not for females. Work continuance intentions were more accurate than retirement intentions in predicting work status 2 years later. Female participants retired at a lesser rate and were less accurate in their retirement plans than male participants. Significant predictors of divergence between plans and subsequent behaviour included demographics, health and wealth and career commitment. No gender differences in these predictors were found. Remaining in some form of paid work 2 years later was predicted by earlier work status, demographics, wealth, work-related factors, and previous work intentions for the total sample. Gender differences were also found in these predictors, in that work-related factors were important in predicting females work status but not males. These findings extend previous research by focusing on factors that predict work continuance behaviour rather than retirement behaviour. This has important implications for organisations wishing to encourage continued work participation for older workers. Limitations and possible extensions of the research are discussed.

UNIVERSITY OF WAIKATO

Berry, Jacqueline (MAppPsy, 2010)

Thesis title: [The application of job analysis, the O*NET and competency modelling in New Zealand organisations](#)

Chief supervisor: Donald Cable

The present study aimed to gain an understanding of the extent to which human resource professionals are using and applying job analysis, the Occupational Information Network (O*NET) and competency modelling in New Zealand organisations. This study also explored the research-practice gap in job analysis, as examined through the O*NET and the influence of Taylor and Cable's (2004) article on the

O*NET database. An online questionnaire was completed by 107 participants, who were members of the Human Resource Institute of New Zealand research stream. Findings suggest there is high awareness of job analysis, however the application of job analysis in the organisation is commonly hindered by the limited understanding and knowledge amongst human resource professionals. Findings on competency modelling suggest, there has been a possible increase in the application of competency modelling in organisations since Markus, Cooper-Thomas and Allpress (2005) study. The article by Taylor and Cable (2004) has had little influence on the application of the O*NET, suggesting a potential research-practice gap is present in the job analysis area. Specifically, the O*NET database could benefit Human Resource Management (HRM), through supporting the development of job descriptions and person specifications. Human resource professionals could benefit further from extending their awareness of job analysis and competency modelling to the application of these processes in HRM. The need for future research and practical implications for HRM and organisational psychology are discussed.

Cockcroft, Kara (MAppPsy, 2011)

Thesis title: [The relationship between underemployment and job attitudes and New Zealand graduates](#)

Chief supervisor: Donald Cable

Given the current economic climate marked with organizational restructurings, downsizing and streamlined global enterprises, more individuals are choosing to study at a tertiary level in order to secure and enhance their employment opportunities. The result is an increase in more highly educated workers trying to find jobs which utilize their skills and qualifications. When this is not achieved, an individual may perceive a discrepancy between their current job situation and their desired job situation, and feelings of 'underemployment' may result. A self-report questionnaire was completed by 568 alumni from the University of Waikato and Victoria University to determine the relationship between underemployment and individual and organizationally-relevant outcomes. The results revealed that graduates who perceived themselves to be underemployed reported lower levels of job satisfaction, stronger careerist attitudes (belief that one

does not get ahead mainly on the basis on merit), lower life satisfaction, lower affective commitment, increased intention to quit, and increased job searching behaviour. Relative deprivation, defined as the perceived discrepancy between an individual's current employment situation and the job situation they both desire and feel entitled to, was assessed to determine its mediating effects on underemployment and the predicted job outcomes. The analysis showed that relative deprivation mediated twenty three of the thirty five mediation relationships that were tested, indicating that relative deprivation plays a significant role in explaining how negative job attitudes arise from feelings of underemployment. The findings from this research have important implications for the way in which individuals and organizations can manage levels of underemployment and the resulting job attitudes. This may include assessing the nature of work and an individual's responsibilities by allowing for more job scope or 'job crafting' – shaping the task boundaries of the job, within the context of defined jobs, to better suit individuals expectations for satisfactory employment.

Cui, Chu (MAAppPsy, 2010)

Thesis title: *The relationship among personality traits, job design characteristics and organizational commitment: An empirical study of organizations in China*
Chief supervisor: Michael O'Driscoll

The purpose of this research was to identify antecedents that would predict organizational commitment. One category of predictor was the "Big Five" personality traits (extraversion, conscientiousness, agreeableness, neuroticism and openness) and the other category included job design characteristics (skill variety, task identity, task significance, task autonomy, and task feedback). This research also investigated the association that demographic variables (job title, job tenure, organization tenure, age, gender and education) had with all major variables. A survey was completed by 142 participants of five Chinese organizations in Beijing, from the health/medical, banking, insurance, international business, and construction sectors. Agreeableness and all job design characteristics were significantly correlated with affective commitment, whereas extroversion, agreeableness and neuroticism were related to continuance commitment. Regression analyses showed

that agreeableness, task identity, and task autonomy were salient predictors of affective commitment. Agreeableness and neuroticism contributed significantly to continuance commitment. The major implications from this research are that managers in organizations need to enrich employees' job content to enhance their affective commitment, and keep in mind the links between some personality traits and continuance commitment. The conclusions are discussed in relation to its practical implications to organizations, researchers and the need for future research.

Herlin, Paula (MAAppPsy, 2010)

Thesis title: *The Influence of Work-Life Balance Benefits on Family-Supportive Organisational Perception and Work Attitudes*

Chief supervisor: Michael O'Driscoll

This study investigated the relationship between the availability of, and the use of, work-family balance policies offered by organisations and family-supportive organisational perception (FSOP), work-to-family conflict, continuance and affective commitment, family satisfaction, job satisfaction, turnover intention and psychological strain. The research explored whether individuals' perceptions of how supportive their organisations were to their non-work responsibilities was related to work attitudes including job satisfaction, organisational commitment (affective and continuance) and turnover intention. One hundred and twelve respondents from New Zealand organisations recorded how they perceived their organisation as being family-supportive and whether this affected their wellbeing, as well as how satisfied they were with their jobs. FSOP was shown to not moderate the relationship between work-to-family conflict and psychological strain; turnover intention; job satisfaction and affective commitment. However, FSOP was found to be significantly and negatively related to both psychological strain and turnover intention. The availability of benefits was significantly and positively related to affective commitment and negatively related to psychological strain and turnover intention. The usage of available benefits was not related to any of the study variables. The research adds to the knowledge of factors that may improve the work environment by increasing employees' levels of FSOP. The results suggest that

organisations could improve staff retention by ensuring the existence of valuable benefits and making them available to all employees, supporting them in their pursuit of a reasonable balance between their daily work and non-work activities.

Marovic, Jovana (MAAppPsy, 2011)

Thesis title: *The relationship between coping, gender, and personality on the experience of interpersonal conflict at work*

Chief supervisor: Michael O'Driscoll

The present study explored the relations between task-based and relationship-based interpersonal conflict and several outcomes of employee well-being and organizational importance, examined the role of coping styles as moderators in the stressor-strain process, and investigated how the individual difference characteristics of gender and personality affect these processes. An online questionnaire measuring task-based and relationship-based interpersonal conflict, dispositional coping styles, job satisfaction, affective organizational commitment, turnover intentions, social dysfunction, loss of confidence, anxiety and depression, and several personality dispositions was completed by 178 participants working in the Toronto, Ontario region. All of the participants worked in the IT industry and were recruited from a single organization and the business-orientated networking site LinkedIn. Results showed that both task-based and relationship-based interpersonal conflict were negatively correlated with job satisfaction and affective organizational commitment, and positively correlated with turnover intentions, social dysfunction, loss of confidence, and anxiety and depression. The coping styles of problem-focused, emotion-focused and avoidance moderated several of the relationships between task-based and relationship-based interpersonal conflict and the criterion variables. No gender differences were found in perceptions of relationship-based interpersonal conflict. When faced with relationship-based interpersonal conflict, female employees indicated significantly lower levels of job satisfaction than their male counterparts. While no gender differences were found in the reported use of the problem-focused coping style, female employees reported using the emotion-focused and avoidance coping styles more often than their male counterparts. Conscientiousness, neuroticism, and

locus of control were examined as direct and moderator variables in the experience of interpersonal conflict at work. Conscientiousness was negatively correlated with perceptions of task-based and relationship-based interpersonal conflict, while neuroticism was positively correlated with perceptions of both. Internal locus of control was positively correlated with perceptions of task-based interpersonal and did not show a significant correlation with relationship-based interpersonal conflict. Both neuroticism and conscientiousness moderated the relationships between task-based and relationship-based interpersonal conflict and the coping styles of problem-focused, emotion-focused, and avoidance. Findings indicated that locus of control did not moderate any of the relationships between both types of interpersonal conflict and the coping styles. Limitations and strengths of the present research are discussed in the final chapter, along with recommendations for future research, practical implications, and a conclusion is drawn from the findings presented.

Morrell, Heather (MSocSc, 2010)

Thesis title: *Protean and boundaryless career attitudes in New Zealand workers*

Chief supervisor: Donald Cable

This study explored protean and boundaryless career attitudes in a sample of New Zealand workers. Recent changes to both organisational and societal structures have significantly altered how careers are acted out. Employees are now required to be flexible and adaptable, and can no longer rely on organisations to manage their career development. Individuals have had to become more open to networking and collaboration across organisational boundaries, and to working for multiple employers. These changes have resulted in two key career models emerging in the research – the protean career and the boundaryless career. The protean career is conceptualised as involving a self-directed approach to career management combined with a values-driven approach to career management. The boundaryless career is conceptualised as involving both a boundaryless mindset, i.e. wanting to work across organisational boundaries, and a mobility preference, i.e. the desire to work for more than one employer. The purpose of this study was to investigate how demographic and personality variables

relate to protean and boundaryless career attitudes in New Zealand workers. Measures of the protean career attitude and the boundaryless career attitude were included in a survey, along with demographic variables, personality variables and career variables. The survey was sent to 1300 New Zealand workers via four organisations and 226 completed responses were received. Overall, demographic variables were found to relate less strongly to protean and boundaryless career attitudes than was expected. Education level was found to be the most predictive demographic variable, while age and gender were related only to one of the protean career attitudes. Overall, proactive personality was found to be the strongest predictor of three out of the four career attitudes. Supplementary analyses found that individuals on a casual employment contract had higher levels of one of the boundaryless career attitudes (boundaryless mindset) than those on a permanent contract, and there were some differences between employment sector groups on one of the boundaryless career attitudes (boundaryless mindset) and one of the protean career attitudes (self-directed career management). Values-driven career management was negatively correlated with employer, occupational and geographic mobility, and no other relationships were found between any of the career attitudes and mobility. This research has significantly added to our understanding of protean and boundaryless career attitudes in the New Zealand context. The findings highlight that protean and boundaryless careers are made up of separate but related constructs that are associated with demographic and personality variables in distinct ways. In particular, this study has shown that while differences between genders have been assumed to exist, such differences do not necessarily occur. Furthermore, individuals with higher levels of education were shown to be more likely to hold certain protean and boundaryless career attitudes. This study highlighted that mobility is not synonymous with protean and boundaryless careers as has been previously assumed in the literature. It has addressed a number of key areas that were highlighted as needing further research, such as potential gender differences in career attitudes, and it has also opened up several areas for future exploration.

Panatik, Siti Aisyah (PhD, 2010)

Thesis title: *Impact of work design on*

psychological work reactions and job performance among technical workers: A longitudinal study in Malaysia

Chief supervisor: Michael O'Driscoll

Work design has long been found to affect employee well-being, but scholars have begun to question whether the established theoretical relations regarding work design continue to hold given the enormous changes in the nature of work during the past two decades. It is increasingly recognised that social characteristics affect work behaviours in substantial ways, and recent theorising proposes that individual differences are also important. Few studies on work design have investigated these factors together. In addition, little is known about whether existing Western findings regarding the effects of work design generalise to non-Western cultures. This thesis built upon the Job Demands-Resources (JD-R) model of work design, to test the impact of work design on employee well-being in Malaysia, a country characterised as collectivistic and having high power distance. Specifically, my research sought to examine, cross-sectionally and longitudinally, the direct effects of psychosocial work characteristics on psychological strain. Also, the present study assessed the moderating effects of job resources variables including job control, social support, and self-efficacy on the relationships between job demands and psychological strain. Finally, this study examined the mediation effect of psychological strain on the relationships between work design variables and work attitude outcomes (i.e. job satisfaction, affective commitment, and turnover intentions), as well as the mediation effects of these work attitudes on the relationship between psychological strain and job performance. This research involved a non-experimental two-wave panel survey design with a six-month time interval. Self-reports on the study variables were obtained from 429 technical workers at Time 1 and 245 at Time 2 in a large telecommunication company in Malaysia. I used multivariate analyses to examine the direct and moderating effects hypotheses, and structural equation modeling (SEM) to assess the mediation effects hypotheses. The findings confirmed the direct effects of job demands, job control, social support, and self-efficacy on psychological strain. However, the results failed to support

the Job Demands Control (JDC) model in this Malaysian context. Indeed, the combination of high job demands and high job control increased, rather than reduced, psychological strain in this Malaysia setting. The results also provide evidence for a moderating effect of supervisor support, but not for perceived organisational support or co-worker support. Overall, the results did provide some support for the Job Demands Control Support (JDCS) model. Furthermore, they demonstrated a moderating effect of self-efficacy. In the mediation analyses, psychological strain (especially anxiety/depression) functioned as a mediator between work design variables and work attitudes. In subsequent mediation analyses, job satisfaction, affective commitment, and turnover intentions mediated the effect of psychological strain on job performance, particularly in the cross-sectional analyses. This research makes several theoretical contributions, and provides information concerning the JD-R model and its application to a culture characterised by high collectivism and high power distance. The findings may help human resource practitioners understand how work design influences employees' well-being and performance. Implications are discussed to enhance better mapping of interventions at individual and group levels. Recommendations for future research include the need to test an expanded model of work design and well-being using multi-wave longitudinal designs and multiple measures of key variables.

Raman, Jerode (MAppPsy, 2010)

Thesis title: *Correlates of tertiary student life satisfaction*

Chief supervisor: Donald Cable

What determines life satisfaction for young people? Many studies have looked at factors that correlate with an individual's level of life satisfaction however the vast majority of those studies focused on elderly populations. The aim of this study was to explore the relationships of a number of research variables with life satisfaction for a tertiary student population. The relationships would be determined by correlating the research variables with life satisfaction. General intelligence, romantic relationship, academic goals, academic performance, health status, religiosity and social contact were measured, and correlated with life satisfaction. The sample in the current study comprised 129

undergraduate students from the University of Waikato. It was found that general intelligence, religiosity and social contact did not have any significant correlations with any of the other research variables, including life satisfaction. Romantic relationship, academic goals, academic performance and health status were found to have a significant positive correlation with life satisfaction. Success in a select group of life domains had a significant positive correlation with life satisfaction for undergraduate tertiary students. Having a successful romantic relationship, focusing on academic activities and being in good physical health all correlated positively with life satisfaction for undergraduate tertiary students. Practical implications of the results as well as future research possibilities are discussed.

Singh, Sirjana (MAppPsy, 2010)

Thesis title: *Assessing survivor syndrome during economic recession in New Zealand*
Chief supervisor: Donald Cable

The present study aimed to gain an understanding of and assess survivor syndrome during the time of economic crises among public service employees in New Zealand. This study also explored the relationship between fulfilment of psychological contract and trust and faith in management and the relationship these phenomenon have with survivor syndrome. An online questionnaire was completed by 231 members of the Public Service Association (PSA) of New Zealand. The participants were divided in two groups, those who knew someone who had been made redundant in the previous 12 months (affected by organisational restructuring) and those who did not know anyone in the organisation who had been made redundant (employees not affected by organisational restructuring). Findings suggest that, as in previous studies done in New Zealand, employees do not suffer strongly from survivor syndrome. However there were significant differences in the scores of those affected and those not affected by organisational restructuring in survivor syndrome, morale, job security, job satisfaction, fulfilment of psychological contract and trust and faith in management for both groups. Fulfilment of psychological contract and trust and faith in management shared a positive relationship with survivor syndrome. Research by Wisener, Vermeulen and Littler (1999) and Littler, Wisener and

Dunford (2003) has had an influence on the present study by offering a definition of survivor syndrome and the model of assessing it. However in this study survivor syndrome is assessed on an individual level (employees) where it is experienced. Managers in organisations could benefit from extending their awareness of survivor syndrome and managing the most important resource post restructuring – the surviving employees.

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An Interview with Grace O'Sullivan Award winning occupational therapist



Occupational therapist, Grace O'Sullivan divides her time between her private practice which involves working with people who live with dementia in residential care, completing a doctoral thesis which focuses on the support needs of people who live with dementia in the community and, her role as editor of the *New Zealand Journal of Occupational Therapy*.

Her contribution to knowledge development and dissemination in occupational therapy and occupational science has raised the profile of occupational therapists in professional and governmental forums. Grace has presented her work at national and international professional conventions and is author of several publications.

In 2005 she was awarded the "Medical Staffing International/NZAOT Occupational Therapy Achievement Award". More recently in 2007, her work was acknowledged through the Health Care Providers NZ Award, and in 2010 she won the prestigious "Frances Rutherford Lecture Award", New Zealand's top award for occupational therapists. In January 2011, *North & South* magazine named Grace winner of the Health & Medicine category of the 2010 New Zealander of the Year awards.

Grace you are an occupational therapist currently completing a PhD. What prompted you to become an occupational therapist?

I worked with older people in various capacities including voluntary work and care giving for a number of years. I enjoyed my work and through it came to realise that I was quite competent in helping people who were trying to cope with age related impairment. I wanted to use that ability. My five children were growing

up and I knew the day was coming when they would go off and do their own thing and so I wanted to do something equally purposeful with my life. Being a practical person who likes to be engaged in doing things, the philosophy of occupational therapy resonated with me. I saw the potential for knowledge that would enable me to do more within a satisfying, varied, and interesting career in the health field.

Last year you were awarded the New Zealand Association of Occupational Therapy (NZAOT) Francis Rutherford Lecture Award and in 2005 the New Zealand Association of Occupational Therapy/Medical Staffing International Award. In January 2011, North & South magazine named you winner of the Health & Medicine category of the 2010 New Zealander of the Year awards.

What was the work that these honours recognised?

The NZAOT, Francis Rutherford Lecture Award recognised my current work on behalf of people who live with dementia both in the community and in residential care. One aspect of that has been the elimination of antipsychotic drugs to manage the behaviour of people with dementia who live in residential care.

I received the 2005 award for a number of reasons including work on two Standards New Zealand guidance documents, one for people who live with dementia in the community and one for those who live in residential care. In addition, I was an invited member of a committee convened by the Community Support Services Industrial Training Organisation (CSSITO), (now known as Careerforce), to review the NZQA standards for diversional therapy qualifications.

What did your initial work with older people involve and what insights did you gain from it?

My initial work was in the community facilitating a leisure group for older people. From there I went on to help and support older people to engage in daily occupations. When I first went to work in residential care I came

to realise that what I called the well elderly in residential care were given opportunities for meaningful activities but those who were in hospital, and more frail, had no such choice.

To address this perceived injustice I started an activity programme in the hospital setting. The programme included gentle exercise, a few group activities, and daily newspaper reading. People kept coming back. In fact, the groups got so big I needed help to run them. Clearly the activities were meeting important needs; I mean some people literally came to life.

This experience emphasised for me that if we have an expectation of diminished ability in older people that is exactly what we get. We frequently promote excess disability because we don't challenge older people to do more or we don't try to find the "just right" challenge for them as individuals. I have a firm belief that giving older people in the community and in residential care the opportunity to be active, challenged, and engaged is a social justice issue that needs to be addressed.

What were some of the changes you noted in the elderly people that you worked with?

Currently, the most observable changes are a result of taking people who live in residential care off antipsychotic drugs. Changes include the residents being more alert and aware of what is going on around them. There is also a greater degree of cooperation between residents and staff. What is more, there has been a reduction in the number of falls, and in behaviour management issues within the dementia unit.

What brought your work to the attention of others?

Since 2005 I have presented papers at 16 local and overseas professional conferences. Initially, work

undertaken for a Masters degree was used for a presentation titled "Dying for Something to Do". In May of last year, I presented a seminar here in Auckland with Colm Cunningham, Director of Dementia Services at the University of Stirling in Scotland. There was a flood of people wanting to attend and to learn more about a different approach to working with people who live with dementia.

In October of last year I was invited by the British College of Occupational Therapists to present a paper, based on my research with people with dementia here in New Zealand, at the University of Stirling Dementia Conference which was held in London. My goal in all of these presentations is to advocate for people with dementia by encouraging care givers and service providers to consider ways in which opportunities for occupation and even rehabilitation can help people with dementia to live life more fully.

What were some of the generally accepted values and beliefs that your approach to working with older people challenged?

There is an assumption that older age brings declining ability and that nothing can be done to offset that. I challenge this assumption and will even go so far as to say that my work has shown that adapting activities and being aware of people's differing interests and needs makes a significant difference to their wellbeing.

The assumption about not being able to do anything is particularly apparent in relation to people with dementia. Medical science has worked miracles in many areas of the health field but not with dementia. I have been able to show that a great deal can be done by working around the problems people with dementia live with.

Everyone looks to doctors to manage unusual behaviours and as a result

antipsychotic drugs are often prescribed. These drugs may reduce behavioural issues arising but they further debilitate the person. In addition, there are multiple side-effects from the drugs including an increased incidence of stroke, heart problems and dyskinesia.

At the residential care facility where I work the use of antipsychotics was eliminated when previously two thirds of the residents had been given them. Life is hard enough for people living with cognitive decline, why make it harder for them?

What were some of the practical issues that you had to work through to bring about change in the residential care facility?

It took some time to change the existing mindset of "this is the way we work here" and it was important to recognise that some people were anxious about the prospect of change. Staff education was crucial to the change process especially resident centred care. I wanted staff to know the person rather than the disease and to take account of residents' values and interests before they had Alzheimer's disease. Changes to the environment and the activity programme were also important and were based on occupational therapy knowledge of the person-occupation-environment 'fit'.

Were there interprofessional issues which needed to be managed to make progress in the residential care facility?

Some health professionals were sceptical that the behaviour of people with Alzheimer's disease could be managed without antipsychotic drugs. Pointing them in the direction of the scientific literature helped but in reality the issues are ongoing.

Challenging the views of other professionals was, and still is, tough. I suspect some felt indignant over an

occupational therapist disagreeing with and/or disputing their opinion. Those who prescribe drugs as a first response to behaviour management issues need to be shown that there is another way. I tried to be clear that I am not claiming pharmacological knowledge rather my knowledge base is firmly grounded in knowledge and experience of the benefits of engaging people in occupation. My practice stands on a solid foundation of evidence.

It was essential to have management on board, a top down approach to change if you will. Equally, it was important to see the job from the staff's perspective so from the bottom up. Working alongside staff was vital to help them to see the goal, what it involves, and how they could make it their goal.

I don't consider myself an expert in the care of people with dementia. I simply have skills and knowledge that can make a difference to their way of life. Personally, I don't think anyone can be an expert on a human condition there are too many variables to being human.

What were some of the main things that you learned from the work you did in the residential care facilities?

I learned the value of occupation. There is a tendency to medicalise the care of older people, to only see the medical problems. For me, care is more than management of medical problems, there needs to be a holistic approach to health in general by encouraging people to actually engage in life and to use their remaining abilities. This allows them to feel good about themselves, to feel competent and capable. In the case of people with dementia, they may not remember why they feel good but I firmly believe the feeling lingers.

Likewise, I am adamant that knowing


the person you are dealing with and treating that person with respect and dignity should underpin everything we do. I cannot emphasize enough the importance of learning the person's history so that when working with them, their individuality is acknowledged.

In more general terms what do you consider to be some of the defining features of occupational therapy's contribution to health care?

Occupational therapists advocate that engagement in occupation is fundamental to being human. Our occupations affect our health, sense of fulfilment and life satisfaction. Occupational therapists are also acutely aware of the different ways in which people define health and understanding this is crucial to any occupational therapy intervention.


What are your plans for the future?

My biggest priority is to complete my (never ending) PhD. This is a piece of research which considers how people who live with dementia in the community can be assisted to engage in daily activities. There is other research I would like to do that hasn't yet been done. For example, what can an occupational based, cognitive rehabilitation programme contribute to the health and well being of older people and those with dementia? I have a keen interest in research related to the health of older people and I hope that my interest will make a difference for others.



The New Zealand Psychological Society
In Te Kaitiaki
Hangaia e Te Kaitiaki

Edited by
Ian M. Evans Julia J. Rucklidge Michael O'Driscoll



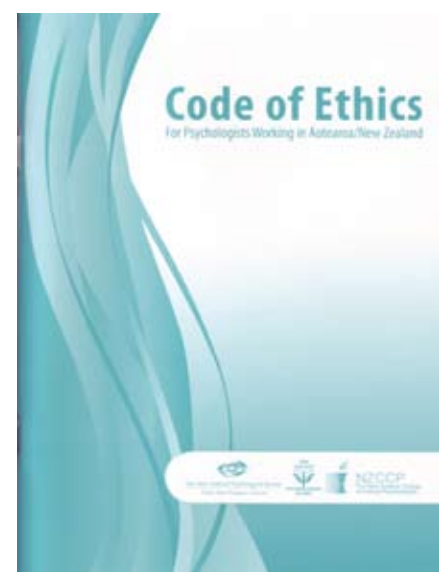
Professional Practice of Psychology in Aotearoa New Zealand

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One on One with John Read



After 20 years working in the UK, USA and New Zealand as a clinical psychologist, primarily with people diagnosed with 'schizophrenia' or psychosis, Dr John Read joined the University of Auckland, where he is now a Professor of Clinical Psychology. He is the Editor of "Models of Madness" (2004) and of the scientific journal *Psychosis*, and author of "A Straight Talking Introduction to the Causes of Mental Health Problems" (2010). He is on the Executive Committee of the International Society for the Psychological Treatments of Schizophrenia (www.isps.org).

In 2010 John received the NZ Psychological Society's Hunter Award for excellence in scholarship and professional accomplishments.

One aspect of your role that you find really satisfying

Teaching 500 or so first year undergraduates. It's a real privilege to have the opportunity to educate and inspire the next generation. We have a lot of fun.

One event that changed the course of your career

Working as a nursing aide in a New York psychiatric hospital, where my fascination with 'madness' was fuelled and I first discovered my ability not to be too freaked out by even the weirdest of 'symptoms'.

One alternative career path you might have chosen

Acting. Did quite a lot in my youth, but I don't think I would have survived in such a cut throat industry.

One learning experience that made a big difference to you

Discovering 'Sanity, Madness and the Family', by R D Laing while an undergraduate student. I was finding the textbooks on clinical psychology very dry and uninteresting. If I hadn't found Ronnie Laing I might not have gone on to train in clinical psychology.

One book that you think all psychologists should read

'The etiology of hysteria' by Freud (1896). Beautifully written and still pertinent today.

One challenge that you think psychology faces

To avoid the international trend (particularly in the USA) of becoming too focussed on biology and genetics – thereby minimising the role of social factors in the development of personality and mental health problems.

One thing that psychology has achieved

Cognitive psychologists (especially in the UK) have developed psychological models for making sense of experiences such as delusions and hallucinations, previously thought to be meaningless symptoms of a supposed brain disease called 'schizophrenia'.

One aspiration for New Zealand psychology

To genuinely integrate the more holistic approaches offered by Māori perspectives.

One social justice issue psychology should focus on

Poverty: the single most powerful predictor of most mental health problems. Well, actually it's relative poverty – the difference between the wealthiest and the poorest. See 'The Spirit Level' by Wilkinson & Pickett (2009).

One big question

Why is the next generation of

psychologists being taught with US based textbooks which read more like biology textbooks than psychology textbooks?

One regret

Arguing my case for a more evidence-based, less biologically driven mental health system too forcibly at times, in a way that makes it hard for some psychiatrists to hear what I am actually trying to say.

One proud moment

Being asked to provide the first training session, for 100 psychiatrists, in London in 2008, after the National Health Service introduced guidelines that all mental health service users should be asked about childhood trauma.

One thing you would change about psychology

Too many brain researchers seem to ignore the fact that the brain is designed to respond to the social environment and therefore fail to ask what life events might have caused the brain differences they discover.

One piece of advice for aspiring psychologists

Try not to forget what interested you about psychology in the first place.



Welcome to the book and on-line resource review section. We have a varied range of topics in the books reviewed including ethical issues, the causes of mental health problems, cyber-bullying and making errors and being “wrong”. Grateful thanks to the book suppliers and to the reviewers for their contribution.

If you would like to read a book and write a review please feel welcome to get in touch with me through the NZPsS National Office at office@psychology.org.nz

Ethics for Psychologists (2nd edition)

Reviewed by John Fitzgerald, The Psychology Centre, Hamilton

This is the second edition of a book which I missed the first time around, so I cannot report how comprehensively it has been updated. The inclusion of the European Federation of Psychologists’ Associations Meta-Code of Ethics marks it as a post 2005 update, and it will be an interesting exercise for New Zealand psychologists to read this alongside our own Code of Ethics.

This edition is broken down into four parts; Conceptual Issues, Principles and Codes, Practical Issues in Ethics, and Decision-Making Issues. Overall the book paints a scholarly, coherent, and pretty comprehensive picture of ethics in psychology, although not all areas are covered in comparable detail. While the breadth is commendable I found that I was just getting to grips with some issues when I was being moved on. Despite being drafted by an Australian from Monash University the book is published on behalf of the British Psychological Society and has a clear British bias. It does maintain clear applicability to Aotearoa New Zealand. The book rewards careful reading, and will certainly withstand close scrutiny. There are gems to be found and perturbations aplenty in the 300 pages.

Francis suggests that an ethical code is a guide towards high professional standards, so that a good code is not only aspirational but also suggests mechanisms (explicit or implicit) for resolving problems that may arise. In keeping with this the author outlines three levels of ethical principles (the word principles is a little misleading here). The first level will be familiar to us as addressing general standards, for example, standards of dignity, equitability, goodwill. These equate to the ethical principles which are to be found in our own Code. The second level relates more to the operationalisation of the first-level general principles, and more closely relates to the practice implication that we find in our Code. The final level refers to procedures which ensure that ethical principles and practices are maintained. Our Code includes a suggested procedure for assisting one resolve ethical problems, and it certainly makes sense to this as part of an ethical code which may be more substantial than a Code of Ethics.

The author also makes some interesting points regarding the original and

evolution of codes, particularly with reference to ethical gradualism. In the context of the book this refers to the gradual development of ethical awareness and practice through training and experience, but it also describes the changing face of ethical practice within a profession, community or society. Anyone who remembers the incredible work of our Code of Ethics Review Group over the many years it took to develop our current Code will appreciate the reality of ethical gradualism ... identifying and encapsulating the ethical principles of a profession at one point in time was obviously a very difficult and time consuming task.

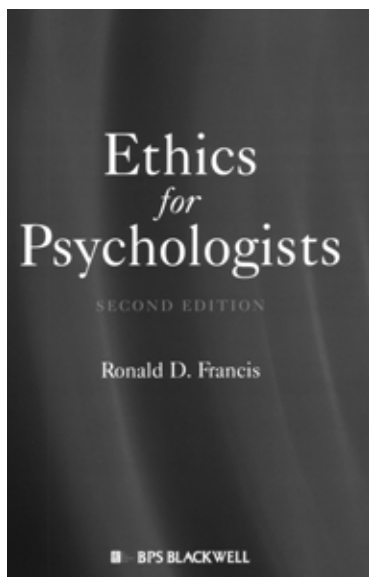
This brings me to my one gripe with this book, and it’s a big one. The author outlines various psychological codes and covenants from around the world, including the Code from New Zealand. However, and this is a major disappointment, he is clearly referring to the 1986 Code (p.89) ... ten general headings, concluding with Decisions of Council. This doesn’t have a significant effect on the quality of the analysis presented in the book, but this would have been an easy detail to report correctly given the correct provision of the Society’s website address. Rest assured, the author has been respectfully made aware of his error!

While not directly linked to our experience in New Zealand the book covers a number of topics which will be familiar to anyone who has undertaken any study in the ethics of practice, competence, and professional conduct. These include the importance of the use of case precedence to learn from the ‘mistakes’ of others, protected disclosures, the importance of an apology, exposing wrongdoers, psychology in small communities, research ethics, the list goes on. Some of these topics are covered in detail,

many are just raised enough to get the reader thinking before moving on.

The final part of the text is related to decision-making and is particularly interesting. It suggests a range of ethical problems that can occur in practice, both other- and self-employed, and within organisations. There is a useful section on inculcating ethics within one's professional environment, and how to foster ethical awareness and practice. This discussion finishes with a range of methods for 'quantifying' and resolving ethical dilemmas, none of which are rocket-science, but which are nicely applied to twelve worked case examples. I must admit to a 'pet' dislike for case studies that use humorous names (Dr Em Dee, Mrs Marge Inal), and I am sorry to report that they are used widely in these examples. However, the author does provide twenty-one perfectly good unworked case examples for you to try at home.

This text is well worth reading, and is a book I expect to be dipping into and sharing with others in the future.



Ethics for Psychologists (2nd edition)

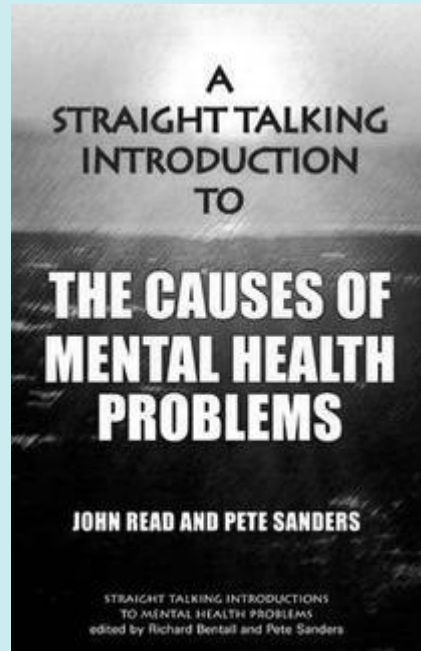
Ronald D. Francis (2009)

Oxford: Wiley-Blackwell

ISBN: 978-1-4051-8877-7, Pbk.

A Straight Talking Introduction to the Causes of Mental Health

Reviewed by David Semp, Registered Clinical Psychologist, Auckland DHB



As part of the 'Straight Talking Introduction' series, this book reads like a series of interesting conversational lectures. Each offers a rich perspective on the broad topic of 'the causes of mental health problems'. From the outset the authors are clear about their aim, to challenge the dominance of the medical model of 'mental illness' and to provide an introduction to ways of thinking about mental health problems for people experiencing them.

The book begins by presenting a potted history of the development of ideas of mental 'illness' and the inevitable connection of these ideas to societal values. Much research evidence is provided in support of their critique. I particularly like the chapter presenting the research indicating that the public's dominant views on mental health problems are correct i.e. 'bad things happen and drive us crazy'.

The book introduces various psychological models, acknowledging

the strengths and weaknesses of each. There are also a number of recurring themes throughout the book. One is that no one model will 'fit' all people who are suffering and it is important for people to find understandings which suit them. In this sense the book avoids a common pitfall of many mental health authors in claiming they have 'the answer' to particular questions about mental health. The authors also strongly advocate the value of incorporating a psycho-social account of the development of any problems. They do not discount the importance of biology or the interaction between environment and the body. However, they provide considerable evidence across various chapters which illustrate how the medical model often emphasises biological explanations when there is little evidence to support this. In contrast the authors highlight the role trauma, loss, poverty, discrimination and many other factors can have on mental health.

The book does not claim to be about treatment, yet implicit throughout is the idea that any treatment which arises from the theories presented should be a collaborative relationship between equals. This posits an active role for consumers/clients versus the traditionally passive role of patient. The book's primary audience is the general public, and I wondered at times if the range of topics covered, the technical language used on occasions, and some of the research presented might be hard for those unfamiliar with psychology to comprehend. Yet overall the authors write in a conversational style, with many anecdotes and examples which are easily understood. Their passion

Problems.

for the topic and compassion for those who suffer is palpable. The book reminded me of experiences of being in an interesting and enjoyable lecture where the lecturer knows the points they want to cover, but does so in a story telling way which makes it more accessible and human.

Overall this book will benefit many consumers, or potential consumers of mental health services. It would also be very useful reading for students of any discipline training to work in the mental health field. It is a strong, well-researched, compassionate, and socially aware introduction to psychological understanding of mental health problems. I for one would have valued such a book at the start of my psychology studies.

A Straight Talking Introduction to the Causes of Mental Health Problems

Read, J., & Sanders, P. (2010).

Ross-on-Wye: PCCS Books.

ISBN: 978-1-906254-19-3

Available from Footprint Books, NSW, Australia. Pbk NZ\$28.65

Confronting Cyber-Bullying: What Schools Need to Know to Control Misconduct and Avoid Legal Consequences

Reviewed by Angela Page

As I sat down to write this review, two stories had that week filled the media and the internet about New Zealand law and how it was failing to keep our children safe from abuse and harassment. It struck me that it was a shame that we didn't have an equivalent text such as "Confronting Cyber-Bullying" that addressed New Zealand law and cyber-bullying.

Cyber-bullying is at the forefront of public debate. As adolescents' IT skills increase with their use of social networking sites, blogs, chat rooms, and mobile phones, adults are becoming increasingly left behind, and with the lack of familiarity comes discomfort. It is this discomfort that led to the need for a book on the legal implications of bullying in schools, because school officials and teachers require guidance to navigate their way through the myriad of issues that will inevitably arise from this new phenomenon.

"Confronting Cyber-Bullying" looks at cyber-libel and defamation from a North American perspective and so has limited use in the New Zealand context. However, the book also discusses cyber-bullying from an international perspective and gives a profile of bullying and cyber-bullying, and strategies for teachers as well as professional development models based on ethical and legally appropriate practices.

The author of "Confronting Cyber-Bullying", Professor Shaheen Shariff (McGill University, Canada), is an international authority on cyber-bullying and some of you may recall that she was the keynote speaker at the NetSafe conference in Queenstown in 2008. Her research and teaching are grounded in the study of law as it impacts on educational policy, pedagogy and practice. Shariff has also been involved in the development of guidelines for school administrators and parents, as well as teachers, to address cyber-bullying from a legal perspective.

Of note, cyber-bullying examples from China, Japan, South Korea, and India are cited and in the stories, characters and plot are very much the same and so while most of the case studies and references in the book are American and Canadian, given the international flavour and spread of the cyber-bullying problem, it gives food for thought for New Zealand schools and educators. The book is perhaps of interest for psychologists (there is a good section on understanding the mechanisms and motivations of the bully and teacher perceptions of cyber-bullying in Chapters 5 and 6) and educators or policy makers interested in its legal aspects.

Confronting Cyber-Bullying: What Schools Need to Know to Control Misconduct and Avoid Legal Consequences
Shaheen Shariff (2009)
Cambridge: Cambridge University Press
ISBN 978-0-521-87723-7 Hbk



Being Wrong: Adventures in the Margin of Error

Reviewed by Jan Marsh, Clinical Psychologist, Nelson.

“Why is it so fun to be right? As pleasures go, it is, after all, a second-order one at best. Unlike so many of life’s other delights – chocolate, surfing, kissing – it does not enjoy any mainline access to our biochemistry... We can’t enjoy kissing just anyone, but we can relish being right about almost anything. The stakes don’t seem to matter much; it’s more important to bet on the right foreign policy than the right racehorse, but we are perfectly capable of gloating over either one. Nor does the subject matter; we can be equally pleased about correctly identifying an orange-crowned warbler or the sexual orientation of our coworker. Stranger still, we can enjoy being right even about disagreeable things: the downturn in the stock market, say, or the demise of a friend’s relationship, or the fact that, at our spouse’s insistence, we just spent fifteen minutes schlepping our suitcase in exactly the opposite direction from our hotel.”

In this way, Kathryn Schulz begins her exposition of ‘wrongology’ and I’m hooked. Not only because I too love being right, but also by the wacky multifarious examples which she sustains throughout the book and some of which return in different settings, evoking a chortle of recognition.

Schulz acknowledges that most of us are ‘routinely right about a great many things’, which allows us to manage our day-to-day lives and affirms our competence. We rely on having a myriad of broad theories about the world around us which are true only in the sense that they are the most probable or widely held ones.

Our biggest mistake, in her opinion, is that collectively we view error not

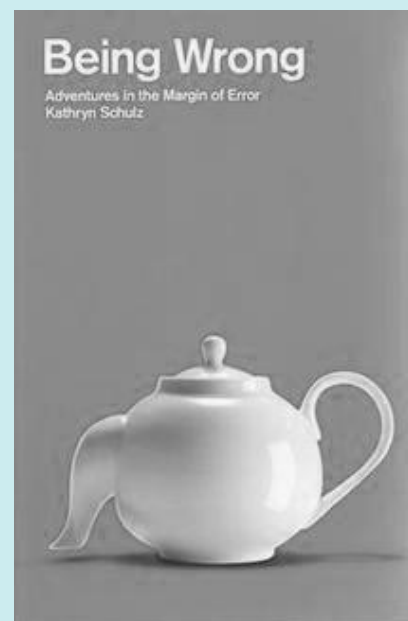
only as shameful and stupid but as ignorant, crazy and morally degenerate. For this reason, we resist admitting error either by saying ‘I was wrong but...’ and adding excuses which explain why we weren’t really very wrong, or by distancing ourselves with circumlocutions such as Nixon’s infamous ‘mistakes were made’.

(Schulz’s footnote here on the palinode, a poem written to negate a former verse, is an example of another delight in this book – extended footnotes on tangential issues. This one offers Ogden Nash’s example: having written ‘Candy/Is dandy/But liquor/Is quicker’ he retracted by writing: ‘Nothing makes me sicker/Than liquor/And candy/Is too expandy’. So now you know.)

Taking the Latin root of the word ‘error’ – errare, to wander – Schulz establishes two models of wrongness. One, the legend of the wandering Jew, draws on a Medieval story in which Christ curses a Jew who mocks him, condemning him to roam the earth endlessly. The other model is the knight errant, like Lancelot or Don Quixote, who undertakes a quest, journeying with a purpose and finding pleasure in doing so.

Being right might be gratifying, but in the end it is static, a mere statement. Being wrong is hard and humbling, and sometimes even dangerous, but in the end it is a journey, and a story. Who really wants to stay home and be right when you can don your armour, spring up on your steed and go forth to explore the world?

And go forth she does, taking us on a wide-ranging journey through psychology, politics, exploration, evolution, religion and love.



A discussion of the role of beliefs starts with an intuitively obvious idea, that in an environment where some plants provide food and some are poisonous, where a rustle in the bushes could be dinner or a predator, life depended on forming a workable theory quickly. In fact, a psychologist has suggested that the drive to theorise exists precisely for early childhood when the young brain is mapping the world at speed, hence the enthusiasm toddlers show for the word ‘why’. But the ‘theory instinct’, if there is such a thing, has survived lifelong perhaps because of other advantages it confers.

Schulz provides poignant examples of the effects of being wrong: the young woman who lost her faith and was profoundly shaken in her entire theory of life, the Millerites who gave away all their belongings and waited expectantly for the end of the world not just once but on a certain day for four consecutive years and then seven years later.

Some of the people she describes show great courage in admitting they are wrong and setting about putting things right: Penny Beerntsen

identified the wrong man as her sexual attacker and when, after a long imprisonment, he was proved innocent by DNA evidence, met him to apologise. Later, through her contacts in the Innocence Project, she reached out to other victims who had wrongly identified their attackers. A tragic postscript to that story tells that the man who was exonerated went on to be convicted of a later murder.

On a lighter, though no less poignant, note Schulz writes about being wrong in love. She points out that as young children it is vital that others get us right in order to understand and meet our needs, and from there we must undertake the task of understanding other people. When we get it right we are rewarded. If wrong, the consequences can range from being ignored to being the subject of rage. The stakes are high and we care a lot about getting other people right but it's all too common to be wrong in love. As Schulz puts it: "Scarlett O'Hara did it in "Gone with the Wind", Pip did it in "Great Expectations", Cecile did it in "Dangerous Liaisons", I did it in 1999, and at some point or other you've probably done it too." Although Schulz dwells on the heartbreak aspect of being wrong in love, she also points out a popular theme in movies such as "When Harry met Sally" where two people who dislike each other on sight later fall in love.

The chapter on "Transformation" begins with a quotation: "It is all too common for caterpillars to become butterflies and then maintain that in their youth they had been little butterflies." (G.E. Vaillant) which illustrates a tendency of converts to strongly repudiate their former views. Thus, C.P. Ellis, Ku Klux Klansman turned Civil Rights activist, Saul the persecutor became Paul the Christian,

and Augustine after his conversion gave a convoluted explanation of how his true self was a Christian all along.

In the end, Schulz argues for greater openness to error for the benefits it can bring. For a start, embracing error gives an opportunity to listen closely and learn new information which will lead to beneficial results. This is the idea behind 'near miss' policies in hospitals and businesses where employees are encouraged to report errors and near misses so that the systems can take into account the 'human factor' and put steps in place to increase safety.

On the other hand, error can be funny, playful and creative, invoking elements of surprise and re-invention. Groucho Marx: "I've had a perfectly lovely evening – but this wasn't it" gets his laugh by subverting expectation and this can also be a key ingredient of the visual arts and music.

Then there is the error which staves off depression by allowing us to think that we are 'a bit younger, better-looking and more important than strict realism might suggest' as well as seeing 'a little extra loveliness in our loved ones'. This attitude also allows us to believe that we will succeed where we have failed in the past, wrongness in the form of optimism.

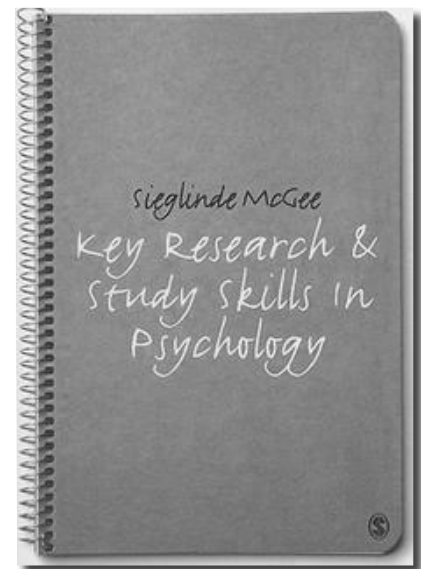
Letting Schulz have the last word, as she well deserves to do after such a well-researched and entertaining book:

"We get things wrong because we have an enduring confidence in our own minds; and we face up to that wrongness in the faith that, having learned something, we will get it right the next time. ... The great advantage of realising we have told a story about the world is realising that we can tell a better one: rich with better ideas, better possibilities – even, perhaps, better people."

Being Wrong: Adventures in the Margin of Error
Kathryn Schulz (2010)
London: Portobello Publishing.
www.beingwrongbook.com

Key Research & Study Skills in Psychology

Reviewed by John Fitzgerald, The Psychology Centre, Hamilton.



There are a lot of this type of book around, they have been reviewed here previously. Books about how to study psychology, how to be a good researcher, basic primers for learning to write good technical reports, how to read and critique journal articles. All the books that we have reviewed previously have their weaknesses and strengths, achieving their goals to varying degrees. This one by Sieglinde McGee from the School of Psychology at Trinity College, Dublin is pretty good. It is aimed at the new student of psychology, although much of the material covered would be useful to any college freshman across a broad range of subjects.

The chapter titles initially filled me with dread, for example, "Useful

Computer Skills”, “Good Essay Writing”, “Writing Reports”. Despite being a nicely presented book maybe it was going to prove too basic in its topic selection and coverage. However, these are probably what the novice who is a little lacking in confidence needs to read, and the style is accessible and at times humorous, without being trite or too predictable. Each chapter begins with a clear statement of the aims of chapter along with a section on what is expected at university, and then launches into some pretty densely packed but very informative advice. I didn’t really need to know any more about logging in/out of my computer, but quickly found useful hints on the selection of passwords, computer file management, and even a few things that I did not know about some software applications. For those ‘in the know’ there is even mention of Moodle, Blackboard and turnitin.com. You may be unimpressed because many novice students will not be novice computer users, not like when I was fresh out of school. Also, there already exists a huge range of advice and resources to assist those struggling with technology. So let’s move on.

Chapters on “Study Tips”, “Evaluating Academic Literature”, “Essay Writing”, etc., are all generic, albeit with examples drawn from psychology. One very nice feature that is associated with the “Essay Writing” and “Report Writing” chapters is the use of extended examples. The author has set an essay/report question in the text and goes on to explain how one could go about undertaking the task. At the end of the book McGee reproduces a completed essay and report with comments produced using ‘track changes’ to illustrate how a marker/reviewer may respond. This is nicely done and would be very useful for someone who was new to this style of

technical writing.

There is the almost obligatory ‘bloopers’ section reporting funny things students write, good advice on topics such as the difference between “compare” and “contrast”, and some excellent advice on writing exams, “Hearts for dots: I’m sorry but there is no letter in the English alphabet that has a heart on top of it. You may think that it’s cute or that it’s a personal style thing but it makes your script hard to read.” (p. 127)

There are more technical sections on research design, managing SPSS, writing technical reports, and presenting one’s work. All these are handled with consistent skill and clarity. The book covers a lot of ground, and may not provide adequate depth in any single topic. However, for a new student of psychology who is struggling to find his/her feet this will provide an excellent starting point. I know just who I am going to pass this on to!

Key Research & Study Skills in Psychology
Sieglinde McGee (2010)
Los Angeles: Sage
ISBN: 978-1-84860-021-8, Pbk
NZ\$50.39
Review copy provided by Footprint Books, Warriewood, NSW, Australia

Isabelle Milette
Student forum editor



Tēnā koutou katoa

Greetings everyone

Welcome to this fourth edition of the *Psychology Aotearoa*, Student Forum. This forum is a great opportunity for students to share their ideas, feelings and opinions about a range of areas, including: the practice of psychology in New Zealand, post-graduate psychology research, letters, opinions, and personal experiences of training in psychology. In fact, this forum is the only one of its kind in NZ, particularly since it reaches all areas of psychology (as evidenced by the breadth of contributions for this edition).

There are a number of benefits associated with becoming a student member of the New Zealand Psychological Society (NZPS). These include: a) Opportunity to have your research work published in either the *NZ Journal of Psychology* or *Psychology Aotearoa*; b) Eligibility for the ‘Best Student Conference Paper’ awards; and c) Eligibility for free cover under the Society’s Professional Liability Insurance Scheme for registered intern psychologists. There are two subscription options for students; after feedback from a few students who were not certain about the difference between the two, I thought it might be useful to clarify these in terms of associated benefits – see Figure 1 below.

Now, it is with great pleasure that I introduce you to the Student Forum

contributions for this edition: 5-question interviews with students from Auckland, Massey, and Canterbury universities; an article on Industrial/Organisational (I/O) psychology by Frank O'Connor (current President of the NZPsS); and a very touching letter from a fellow psychology student and survivor of the Canterbury earthquake. In addition, please see the "Practice, Research, and Education" section of this publication for a set of research abstracts produced by students in I/O psychology at the Universities of Waikato, Massey and Auckland. I hope you will enjoy! I would like to sincerely thank the contributors for their talent, humility, and generosity.

Please feel free to send me your comments, feedback, posters, letters, and articles for the November publication; deadlines are **September 1** for research/theory based manuscripts which will be peer reviewed, and **October 1** for all other contributions. Email: office@psychology.org.nz with 'Student Forum' as the subject.

I hope to have the opportunity to meet you at this year's Annual Conference, titled: *Peoples, Places, Paradigms: Growing and Changing Hāpori, Wāhi, Anga Tauira: Rere ā Tipunga*.
When? 20-23 August 2011.
Where? Rydges Resort Hotel – Queenstown.

Veuillez agréer, chers collègues, mes plus sincères salutations.

Isabelle Miclette
Doctoral Student in Clinical Psychology, Massey University, Albany

Students Joining the NZPsS

Option (A) \$69.00

- Receive biannual issues of *Psychology Aotearoa*
- Receive a copy of "The Code of Ethics"
- Have on-line access to the *New Zealand Journal of Psychology* and 'member only' page on the NZPsS website: www.psychology.org.nz.
- Benefits outlined in Option B

Option (B) FREE!

- Receive *Connections*, the NZPsS monthly newsletter and keep up to date with news through our e-letter
- Student registration rates (if applicable) at NZPsS professional development events, including Annual Conference.

Figure 1. Benefits associated with each of the two subscription options for students.

Benefits to both membership options also include: a) Opportunity to have your research work published in either the *NZ Journal of Psychology* or *Psychology Aotearoa*; b) Eligibility for the 'Best Student Conference Paper' awards; and c) Eligibility for free cover under the Society's Professional Liability Insurance Scheme for registered intern psychologists.

Experiences of the Christchurch Earthquake

Meredith Blampied

Meredith Blampied is a 27 year old Ngati Pakeha. She is a born and bred Cantabrian, and has just bought her first house there. Meredith has been studying psychology at the University of Canterbury for the past 10 years; "oh sooo long!" In the past, she had a year exchange at the University of California, Santa Barbara. Meredith has completed a Master's degree of science in psychology, and is currently completing a post-grad diploma in clinical psychology. She also works as a public servant part-time.

Kia ora koutou katoa

I was asked to write something about my recent experiences in the Christchurch February earthquake. Perhaps my thoughts about the present or the future, perhaps inspirational. I feel woefully under qualified for this job! However, I will do my best. To tell you where I am now, I probably need to go back to where it began.

When the shaking stopped, I burst from under my desk like a meerkat, wide-eyed and hyperventilating. The ceiling in the building I was in had collapsed, showering us with plasterboard and pink batts. Not life threatening but certainly frightening. As I looked at my colleagues, a small part of me, the part that wasn't wildly panicked, catalogued their reactions. Some were mirrors of my own turmoil, some were dazed, some were moving immediately to help others. All of us began to move out of the building. I grabbed my handbag - something the fire warden repeatedly tell me off for every time there is a fire drill. To which I point out that in a real emergency, my bag would be my first priority. It's nice to be vindicated sometimes. Turned out this was a smart thing, as most of us weren't allowed back in our damaged building for two weeks.

We climbed over fallen filing cabinets and air conditioning units that had decided they were more comfortable on the floor than in the ceiling, their previous place of abode. At this point, it occurred to me that stiletto boots were not the most earthquake-appropriate attire. Then the aftershocks began. It's amazing how quickly you can move in stilettos with the right motivation.

Although not in the CBD, we knew that this was a severe aftershock. It made the long minutes, sometimes hours, before contacting loved ones heartstoppingly anxious. I was one of the lucky ones. All in my whānau, close and extended, were accounted for relatively quickly. Some of my friends were not so lucky.

Looking back now, the next few days were a blur of highs and lows. Discovering my house intact, a high. Discovering my father had lost his, a low. Using a portaloos, built thanks to my very motivated flatmate, hilarious. Watching the news footage of my beautiful city and those lost in the rubble, heartbreaking. And all the while, that small part of me watched my hypervigilance, my irritability, my avoidance of rooms with limited exit points, ticking of these symptoms and saying "yes, it could be acute stress syndrome, but the important thing is you didn't dissociate during the event". Oh be quiet!!! In the words of a wonderful clinical psychologist friend of mine, sometimes you've got to forget your psychology, you just have to feel. The feeling part hasn't stopped. I was in tears watching the Christchurch Cathedral fall to the ground. As the death toll climbed and climbed, I thought "how has this happened here?" Even the experience of another serious earthquake five months earlier had not prepared me for the loss, the destruction that occurred at 12.51pm on the 22nd of February.

I am still amazed at the knowledge that people living in certain parts of town may be using portaloos for the next five months. I cannot comprehend the task of moving whole suburbs onto safer ground. I find it unacceptable that some people may have to wait years to have their homes fixed. But it doesn't change the fact that that's how it is going to be for us in Christchurch. No quick fixes. No making it better overnight. And I'm one of the lucky ones that has been in "Shower City" since a week after the earthquake. I have a job, I have my friends and family. I have survivor guilt.

As I look to the future in the Garden City, it is with some trepidation that I listen to people talk about re-building Christchurch. I have very strong connections to this place. What is the city going to look like? Am I going to recognise the place I was born? Are we going to have a say in how Christchurch will be re-built?

What we are left with is hope. That most beautiful of emotions. It is what we are taught to nurture in our clients, hope that things can change, that they can be better. Hope in the face of uncertainty, in the face of evidence to the contrary. If nothing, this experience has taught me the importance of hope. How easy it is to lose sight of hope when things are at their darkest. That is what I hold to me now, what I will take with me into the future.

Thank you to all the people of New Zealand for being with us in Otautahi, for walking with us, donating money, texting and saying "what can we do?" The help that has poured in from the rest of New Zealand has been humbling. And I know that we will never forget it.

Arohanui,

Meredith Blampied

WHAT DO YOU Three Postgraduate Students

WHO?

Carolyn Wu is a PhD candidate at the University of Auckland, Department of Psychology. Carolyn is studying music perception and its inherent relationship to action. Training-induced plasticity of the brain is fundamental in creating auditory-motor associations during musical training. Therefore music learning provides a framework for cognitive neuroscientists to study the human brain's facility for plasticity in the sensorimotor domain. Carolyn studied piano performance at the University of Auckland's School of Music whilst also completing a science degree, and now is combining her interests by researching music cognition and perception in the field of neuroscience. During her studies she has also taught piano, worked at the Junior Academy of Music at the University's School of Music and tutored undergraduate psychology neuroscience courses.

Matt Williams is a doctoral student at the School of Psychology, Massey University. Matt's current research involves seasonal and temperature effects on violent crime and suicide rates. He is particularly interested in anthropogenic climate change and quantitative research methods.

Saul Gibney is in his second year of study towards a Postgraduate Diploma in Clinical Psychology at the University of Canterbury. Saul recently completed a Master's thesis that looked at the relationship between killing and experiencing vulnerability to death. This has led on to a research interest in the relationship between killing and psychopathology; Saul is currently preparing his findings for publication in this area. Saul is one of the many Christchurch residents that have been

THINK?

Answer Five Questions About Psychology

caught up in the recent earthquakes in the region and although the last few months have been particularly challenging, he is inspired by the spirit of the people of Christchurch and is looking forward to being a part of a new chapter in the city's history.

FIVE QUESTIONS

1. *What is your current programme of study?*

Carolyn: PhD in Psychology (Cognitive Neuroscience)

Matt: I'm currently doing a Doctorate of Clinical Psychology, but am in the process of switching to a PhD.

Saul: I am currently studying towards a Postgraduate Diploma in Clinical Psychology at the University of Canterbury where I also recently completed a Master of Arts in Psychology.

2. *Why did you choose to study psychology?*

Carolyn: Psychology is a broad field which enables an interdisciplinary approach; useful if one's topic involves a range of disciplines. I wanted to combine my passion for music with my interest in scientific research. Upon searching for ways to do this, I came across a researcher in Auckland who wanted to use brain imaging to study musicians with focal dystonia, and now she is one of my supervisors.

Matt: I actually started off at university studying finance, aiming for a life as a whiz-bang stockbroker. I took a psychology elective on a whim and got absolutely hooked. Things like options pricing and corporate bonds didn't stand a chance against Milgram's electric shocks and the Stanford Prison experiment. I finished the business

degree, but came back very soon after to study psychology.

Saul: I originally started out studying towards becoming a lawyer with psychology as an interest paper however I soon became fascinated by the subject. Throughout my study and work I started to discover I had a real passion for helping others and clinical psychology seemed the perfect way of marrying together this desire with my interest in the human mind.

3. *What significant learning or illumination have you had so far throughout the course of your training? (or the course of your life?)*

Carolyn: That even though you will often come across unexpected findings, you can still learn from the process of acquiring them and having to interpret them – in fact, you probably learn more!

Matt: All I really know is that I don't know very much. After taking a couple of psychology papers it was easy to imagine I knew exactly why people do the things they do, exactly what disorder that strange lady at the bus stop suffers from, and so on... And then I studied more and more and eventually realised I don't know very much about how human behaviour works at all. That's partly because I'm still learning, and partly because psychology is such a young field, where everything is still uncertain – which just makes it more exciting.

Saul: What surprised me most about studying clinical psychology is how much you learn about yourself. Studying in this area forces you to reflect on who you are as a person. In order to help others you find that you need to know a lot more about yourself. I think the first thing I

learned was that I have limits. This was quite a surprise for someone who is used to being able to handle whatever is thrown at them. Pursuing study in this area has challenged me physically, intellectually and emotionally; however, I have learned a lot through this about who I am as a person, which has helped me both professionally and personally. Perhaps most importantly I have learned to slow down a little more and to take time to enjoy 'the now'. This might seem like a ridiculously simple thing to learn, but on reflecting back I see that over the last 7 years of study I have always been focused on 'what comes next?' Ironically the busiest, most challenging study I have ever commenced has forced me to step back, take more time for myself and appreciate the present more and for that I am truly grateful! This seems particularly useful for students to bear in mind. It's so easy to get caught up in the future when that is what you are working towards.

4. *What would you like to do in terms of future career in psychology?*

Carolyn: I'd like to continue in the research field if I can – this will most probably mean staying in academia.

Matt: I'm interested in both academic and clinical work. It's hard to say exactly where I'd like to end up, but I really want to keep learning and staying involved in research wherever life takes me.

Saul: Once I have completed this programme of study I am definitely aiming to practice as a clinical psychologist. Other than that I am keeping an open mind at this stage. The good thing about studying towards a career in clinical psychology

is that once you graduate there are many different areas and settings you can work in. Once you finish training you have a fairly good grasp of where your strengths lie, but it is great that there are such diverse options for future employment.

5. *What advice would you pass onto others who may be interested in choosing this particular field of study?*

Carolyn: Don't be afraid to incorporate your own areas of interest in your research – the more passionate about your topic you are, the more enjoyable the research is going to be!

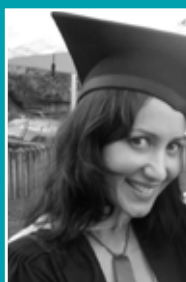
Matt: Psychology is a great field to be interested in, but I think people have to be realistic about what they're hoping to get out of studying in the area. A Bachelor's degree in psychology doesn't quite qualify you for a job as a psychologist, unfortunately! But for people who are keen to spend several (or more!) years doing postgrad, psychology is a very rewarding area to be in. I actually think it'd be particularly great if more scientific-minded students who'd usually gravitate towards physics or maths would consider studying psychology. Psychology isn't just a caring, social field - it's also a field for critical thinkers and sceptics and people who quite like a bit of statistics.

Saul: Be sure this is what you want to do! Study in clinical psychology is not only intellectually demanding, it can be emotionally draining, particularly when so much of your work is spent with people when they are at their most vulnerable. Having said that, working with someone to together bring them through a really challenging time is immensely rewarding and throughout your training and your career you are well supported through supervisors, mentors, and your peers.

If you are interested in pursuing study in this area, I highly recommend starting part-time work in the mental health field as early as possible. I found my experiences in my part-time work gave me an invaluable head-start when I began training and gave me a real motivation to work in this field. If you can, it's a good idea to get your thesis completed before you start training (if that is possible at your university). All New Zealand clinical psychology programmes expect a student to complete a Masters or PhD as well as the clinical programme. Many people do this concurrently, but I found that by completing my thesis first I was able to give 100% of my attention to my thesis and now I can devote 100% of my attention to my training as a clinical psychologist.

He Kākano ahau i ruia ma i Rangiātea: Engaging Māori Engaging in Child and Adolescent Mental Health Services

Pikihiua Pomare, Te Rārawa, Ngapuhi, Ngai te rangi, Ngāti Pukenga



Pikihiua Pomare

Pikihiua Pomare is currently completing a Doctorate in Clinical Psychology at the University of Auckland. She is being supervised by Professor Fred Seymour (Director Clinical Psychology Programme, University of Auckland) and Dr Ainsleigh Cribb-Su'a a Māori Clinical Psychologist and team leader for He Kākano, the Māori team at Whirinaki Counties Manukau Child and Adolescent Mental Health Service

(CAMS). Pikihiua is a Kura Kaupapa Māori graduate and Māori is her first language. She has two children who attend Kura Kaupapa Māori in Auckland. She has been coordinating a mentoring programme for Māori and Pacific psychology students over the past four years in her role as Senior Tutor, Māori and Pacific Programmes at the University of Auckland Psychology Department. She is now currently working full time on research and clinical psychology training. Pikihiua was jointly awarded, with Lisa Stewart, the NZPS Karahipi Tumuaki - President's Scholarship in 2009.

Foreword

Aku mihi ki Te Rōpū Mātai Hinegaro o Aotearoa i tukuna mai Te Karahipi Tumuaki mo taku rangahau e pā ana ki ngā whānau o ngā tamariki me ngā rangatahi Māori e whaia ana i ngā huarahi mo te hauoratanga o te hinegaro. Tēnei te mihi ki a Lisa Stewart, i whakawhiwhia hoki ki te Karahipi Tumuaki me te pai hoki o tona rangahau, arā, a Mahi Oranga e aro atu ana ki te oranga o ngā kaimahi Māori i roto i ngā ūmanga hauora. E tipu haere ana te hunga Māori i roto i ngā mahi rangahau i ngā kaupapa mātai hinengaro, he tohu pai mo ngā rā e heke mai ana. Ko taku kaupapa he tironahanga whakamua mo ngā tamariki me ngā rangatahi e noho ana ki Manukau i te rohe o Tāmaki Makaurau. He whakarapopototo tēnei o ngā kōrero kua tuhia mo tēnei rangahau.

He Kākano ahau i ruia ma i

Rangiātea is about describing positive practices for engaging Māori in Child and Adolescent Mental Health Services (CAMHS). It is research in progress towards a clinical psychology doctoral thesis being carried out with Whirinaki CAMHS Counties Manukau DHB, Auckland. The following is a brief summary of the project, a review of relevant literature and research directions so far.

Introduction

Despite the development of the child, adolescent and family sector, and the establishment of initiatives that have increased access to health services for children and youth (Mental Health Commission, 1999; Ministry of Health, 1998), the need for greater responsiveness of mental health services for Māori continues to be a priority (Mental Health Commission, 1998, 1999; Ministry of Health, 2002). Māori are statistically likely to be high users of child and adolescent mental health services. In terms of mental health, Māori experience a disproportionate risk for mental health problems. The rates of mental health disorders in the 18 and 21 year-old groupings in the Dunedin Multidisciplinary Health Development Study (DMHDS) were reported to be higher for Māori for every disorder (Fergusson et al, 2003). National statistics reveal that Māori have the highest prevalence of mental health illness at 29.5% (Adolescent Health Research Group, 2004). This has been attributed to the youthfulness of the Māori population and their relative socioeconomic disadvantage (Ministry of Health, 2006). In addition, contact with health services for mental health needs is low for Māori relative to need (Baxter et al., 2006).

With that in mind, it is evident that significant investment is needed in

Māori child and adolescent mental health and broader health services to reduce the disparities that currently exist. Kaupapa Māori and Māori-centred initiatives in mental health were developed to provide Māori with culturally appropriate services that incorporated tikanga Māori: Māori beliefs, values and experiences (Durie, 2001).

This research became known as ***He Kākano ahau i ruia mai i Rangiātea*** based on a whakatauki or proverb *He kākano ahau i ruia ma i Rangiātea, e kore ahau e ngaro* which can be translated as: *I will not be lost, as I am one of the seeds scattered from Rangiātea*. It is a well known whakatauki that was taught to me as a child as a principle of Te Aho Matua, the philosophical base of Kura Kaupapa Māori schooling. The proverb talks about the potential that lies within children, and the importance of whānau, parents and teachers in nurturing the development of that potential. Te Aho Matua asserts that “the nurturing of body and soul in a caring environment is the greatest guarantee that children will pursue positive roles in life”. This whakatauki is also the basis and inspiration for He Kākano, the Māori team at Whirinaki where the research will be carried out. The whakatauki summarises what this current research is about: looking for positive practices for clinicians working with Māori children, adolescents and their whānau.

The project is based within Whirinaki CAMHS in the Counties Manukau District Health Board area, which has the largest Māori population living in New Zealand (Statistics New Zealand, 2006). The catchment area for this service is populated by more than 300,000 with 42% of its population under 25 years of age. It is also a growing population, increasing on

average by 9150 people every year. Manukau has greater proportions of Māori, Pacific and Asian peoples than nationally, and fewer Pakeha or European residents (Statistics New Zealand, 2006).

... it is evident that significant investment is needed in Māori child and adolescent mental health and broader health services to reduce the disparities that currently exist.

Literature review

Engagement with clients is a key factor for successful therapy that is mentioned both in international and national literature. From a western, clinical perspective, engagement can be broadly defined as positive involvement in a helping process (Yatchmenoff, 2005). Prinz and Miller (1991) defined engagement as the “participation necessary to obtain optimal benefits from an intervention” (p. 382). There are several desired outcomes that increased whānau/parental engagement in the process of child and adolescent mental health services could produce. Positive effects potentially include: increased investment in the helping process, improved communication and information exchange between whānau/parents and service provider(s), and enhanced whānau and service provider alliance. It has been well documented that parents who are engaged in the treatment of their child(ren) are a crucial component in positive outcomes and lasting change (Cunningham & Henggeler, 1999; Liddle, 1995; McKay, 2004). According to Milne (2005), engagement is a critical element to the success of any intervention with Māori whānau. Engagement consistently emerges as the single most important aspect in creating and sustaining

interventions for change (Hirini, 1997; Horvath, 2001; Miller, Duncan & Hubble, 2001). Central to engagement is the consideration of Māori values and dimensions of health and well-being. Māori models of engagement and intervention are based in Māori cultural world views and processes. Key principles and values within Te Ao Māori such as whanaungatanga (connectedness) and manaakitanga (nurturing) are a crucial component of engagement. Whanaungatanga includes the knowledge of whakapapa, which is aligned with enhancing the therapeutic alliance and knowledge of the protocols of powhiri, which dictates a formal structure to sessions within mental health settings. Manaakitanga, which literally translates as mana enhancing practices, includes nurturing, looking after, care for, and showing respect or kindness to others. These can be applied to assist in creating an environment for increased engagement and duration of care for Māori whānau (Milne, 2005). A number of models of Māori health have been developed that incorporate both traditional and contemporary Māori constructions of wellness such as Te Whare Tapa Whā and Te Wheke. These models are holistic and include the importance of Wairuatanga (spirituality) for the wellbeing of Māori.

According to Milne (2005), engagement is a critical element to the success of any intervention with Māori whānau. Engagement consistently emerges as the single most important aspect in creating and sustaining interventions for change (Hirini, 1997; Horvath, 2001; Miller, Duncan & Hubble, 2001).

Also of importance is the uniqueness of the 'urban Māori' population, the

term in this sense meaning Māori who reside in a city-like environment. Successful interventions for young people and their whānau are often based on accurate understandings of the specific characteristics that make up the 'target' audience. Some Māori programmes or services rely on quantifying Māori culture which, as Borell (2005) explains, can lead to alienating Māori who lack the conventional markers of that identity. Therefore, inclusiveness of the diverse realities within Māori identity is needed within mental health services.

The Research Project

Although Māori principles, values, and models that incorporate these are well known, there is limited documented research that focuses on describing how these models work in practice within mental health services, particularly in urban child and adolescent mental health services. This research is unique in that it creates an opportunity for Māori to advance knowledge in this area, where little such literature exists. There are two stages to the project.

Stage 1 aims are:

- To explore and review existing indigenous (NZ and international) models of engagement for mental health, particularly in the area of child and adolescent services.
- To employ kaupapa Māori research methods to collaboratively work with He Kākano the Māori team at Whirinaki to identify a model of engagement for an urban child and adolescent mental health service.

Stage 2 aims are (at this point in development):

- To investigate Māori perceptions

of engaging whānau in child and adolescent mental health services.

- To recommend a framework for guiding culturally responsive service provision for Māori whānau in child and adolescent mental health services.

Also needing to be considered are the constant collisions of Western/mainstream and Kaupapa Māori methodological approaches to this work which become particularly apparent within the context of mainstream services.

These aims have already evolved since the project first began, and considering the collaborative style of the project, will likely continue to evolve as the research progresses. Each stage also involves consideration of the many ideas that arise. For example, it is fairly well documented that mental health services for indigenous populations are successful if they are holistic, based on cultural imperatives, and are developed from a social, political, historical and cultural context (Atdjian & Vega, 2005; Oakley Browne et al, 2006; Ramage et al, 2005). However, what does that specifically look like for Māori? For urban Māori living in Manukau? Also needing to be considered are the constant collisions of Western/mainstream and Kaupapa Māori methodological approaches to this work which become particularly apparent within the context of mainstream services.

Method

This research will be conducted primarily with a kaupapa Māori research approach. In practice, kaupapa Māori research has been described as operating from a Māori-centred philosophical base, which includes the critique of research

processes with/for Māori (Pipi et al., 2004; Smith, 1999). It is an approach that "... accords full recognition of Māori cultural norms, value systems and practices, providing cultural legitimisation of both the processes and outcomes of research" (Bishop, 1996; Smith, 1999, cited in Ruwhiu & Wolfgramm, 2006). It is expected that all procedures will fit within the framework of kaupapa Māori research with a strong emphasis on the use of qualitative data.

Where to from here?

Interviews are currently being conducted with He Kākano staff members as well as Māori whānau to gain their perspectives on engagement. Interviews will also take place with other key informants such as clinical psychologists, kaumatua and kuia working in other settings. Also of importance are the perspectives of rangatahi themselves. Together these perspectives will be used to inform the development of a culturally relevant model of engagement for urban Māori children, adolescents and their whānau. Ka mutu taku kōrero i runga anō i tētahi whakatauki Māori i tipakongia mai i Te Aho Matua:

Te piko o te mahuri, tērā te tipu o te rākau

With a tender shoot you can train them to be tall and strong

It is hoped that the kākano that has been sewn with this research will continue to grow and flourish, as do the tamariki and rangatahi that this work is ultimately intended to support.

Which Psychology Career? –I-O Psychology

Frank O'Connor



Frank O'Connor works as a consultant to many commercial, government and community organisations, assisting better use of the talents of people and increasing the effectiveness of purposeful relationships among them. He has applied psychological research to practical situations in many countries across the Asia-Pacific region, working with various groups to help them do more with what they have. A member of the Industrial and Organisational Division, he served as their chair for five years and has been a member of the NZPsS since 1986. He is currently President of the NZPsS.

What is I-O?

Industrial-organisational (I-O) psychology is the scientific study of the behaviour of people in workplaces. Methods of the research field of psychology are applied to issues of critical relevance to business, including talent management, coaching, assessment, selection, training, organisational development, performance, and work-life balance. Theory and practice are both involved.

What are I-O Psychologists?

I-O psychologists are dedicated to applying psychology to people in the workplace. They try to understand and measure human behaviour to improve employees' satisfaction in their work, employers' ability to select and promote the best people, and to generally make the workplace better for those who work there. They do this by creating processes, including tests, and by designing products such as training courses, selection procedures, and surveys. They also help people use these processes and products in practice.

Industrial and organisational psychologists lead consulting and executive search firms, and work for leadership centres, corporations, and companies as well as universities. Their work involves affecting the way people do work, together and alone, and making contributions through improvements in human performance that are vital to business success. In both public and private sectors, industrial and organisational psychologists are in a position to play major roles in aiding corporations and companies manage their workforces. They also assist the interfaces through which work is done between organisations, lubricating commercial and social partnerships to improve the efficiency and effectiveness of partnerships.

I-O practitioners conduct a wide range of research and interventions designed to provide information and change in all aspects of the workplace. For example, stigma in organisations (e.g., weight, physical attractiveness, sexual orientation, disability, religious beliefs, race); sexual harassment; the role of personality traits in the hiring process; barriers to successful employment of workers with disabilities; workplace culture, particularly when organisations merge; selection of personnel for specialized roles; reducing absenteeism and workplace aggression; what attracts individuals to certain organisations, and the leadership

behaviours of women as managers are just a few of the issues being addressed by I-O psychologists.

What's An I/O Job Like?

An I/O psychologist has many different sorts of jobs and settings in which s/he can work. We often divide jobs into 'academic' and 'practitioner' jobs. In general, academics are in teaching and research settings; practitioners apply I/O knowledge and principles to problems in organisations. There is a great deal of overlap: academics often practice, and practitioners often teach and do research. Academics work primarily in universities or polytechnics. Practitioners work in a variety of settings, including consulting firms, government agencies, the military and private corporations. Many operate from their own private offices as consultants, selling their services to organisations of all kinds.

It is difficult to describe an "I/O job" as they are so varied in their employment arrangements and tasks. So we're going to meet Jo, a university teacher, to find out what her job is like, and Mike, to find out what a practitioner job is like. Keep in mind that within each of these categories, there can be a lot of variability – even if you meet hundreds of I/O psychologists, you might never meet someone quite like Jo and Mike.

Jo, in an Academic Job

Many I/O psychologists are academics. They work for both polytechs and universities. There are three areas of responsibility: research, teaching and, for want of a better name, community service. The first two are the most important, and depending upon the institution, greater emphasis will be placed on research or teaching. Large universities will normally emphasize research whereas polytechnics emphasize teaching practitioners and

do little research. At many research-oriented universities, some faculties do little teaching at all (their doctoral students do most of it), spending most of their time doing research and writing proposals for grants or other funding.

As a typical senior university lecturer, Jo is expected to cover all three areas. This makes for a busy and varied job for her. It requires a lot of juggling of many different projects and tasks and people. With many demands, it is rare to have long periods of time on which to work on a single project or task. Jo enjoys working with a wide range of people around the university and in the business community outside. There is a great deal of latitude in how Jo does her work, as she receives no day-to-day supervision. She has classes assigned by her head of department and the curricula must be approved, but for much of the rest of her activities, she has a high level of autonomy. This autonomy is a major reason for some I/O psychologists deciding to pursue an academic career where they can follow their own interests.

In a typical day, Jo will do some of the following, (but not all of these, as some happen more often at particular times of the year): Of course, there are some things she likes more (such as preparing summary material on the research findings on her pet topic; the effective change of attitudes of workers to better serve customers of different ethnicity, race or faith.

- Teach a class
- Prepare activities, lectures, materials, or tests for a class
- Mark assignments or exams
- Discuss a research project plan with a post-graduate student
- Collect data in a study involving students or people in real business

- Analyze data (usually with statistical software such as SAS or SPSSX)
- Write or edit research articles, book chapters, and books
- Supervise research of graduate students (by thesis or dissertation)
- Advise students and potential students on course requirements and possible careers
- Supervise independent study of students – what they think, read etc
- Serve on department or university committees
- Assist conference planning and information exchange for national associations, such as the NZ Psychological Society's I/O Division
- Review manuscripts submitted to journals (people who publish in journals are asked to serve as peer reviewers for other researchers' submitted manuscripts)
- Provide information to the public (e.g., talk to newspaper reporter or do a television/radio news segment)
- Consult to private and public organisations about their problems related to I/O (this sometimes involves a fee and may be done to keep Jo up with how businesses work)
- Write proposals for contestable funding or for commercial research.

Jo also finds time to chat with her students about the clips she watched on You Tube, check out several Facebook pages and plan for a week's holiday once exam marking is done at mid term. Whew.

Mike, in a Practitioner Job

Mike has a lot of variety in his work too, but there is some routine to it. Practitioner jobs are more varied than academic jobs, and sometimes, can be more specialized. Although the range of practice might be even larger than the scope of an academic, most practitioners tend to work in a limited area, at least until they have a few years experience. For example, one practitioner might do only research into aspects of workplace behaviour and, coaching employees toward better performance, while another might only conduct employee surveys. This makes for a wide range of different types of jobs.

Practitioner jobs can be divided into two broad categories: consulting and in-house. Consultants sell specific services to various organisations, much like accounting or law firms sell their services to various clients. These psychologists might be in their own single-person private practices or in large consulting firms that employ hundreds of people (e.g., Pearson and SHL (psychological test publishers), or Opus and MWH (engineering consultancies which employ I/O psychologists in specialist roles). In-house psychologists work for a single organisation as employees. These include both private companies and government agencies, including the military. Mike is an in-house psychologist, though he does many of the same things as a consultant because he works now at a fairly senior level. An old classmate of Mike joined the Army as a psychologist and Mike finds they still have a lot in common, even though their worlds of work seem different.

Mike finds that no two days are the same, but then he looked back over his diary for us and noticed that he does these things so often that he might as well be doing them every day:

- Meet with internal clients (mostly managers) to discuss the nature of a 'people problem' and suggest a project approach that will help (e.g., turnover rate among employees is too high)
- Conduct interviews or send out questionnaires to employees to determine the nature of change in their job tasks (especially if technology or customer expectations have changed)
- Use a psychological test to assess a job skill – this might involve an existing test in Mike's 'library', chatting with colleagues, or searching the internet to find new examples)
- Conduct a study to determine if a test or procedure is effective in achieving its objective (e.g., does a new test predict who can learn quickly and perform their work well?)
- Analyze data (usually done with computer (e.g., SAS or SPSSX), but sometimes done by a consultant)
- Write a 'technical' report for senior management (e.g., explaining what the savings have been this year from improvements made to the selection process)
- Present results of a people-improvement project to a group of managers
- Meet with potential internal clients to promote services – they don't have to use Mike but many choose to get his help with picking new people for their teams
- Conduct a study to determine what training is needed, perhaps also designing then conducting a training course for employees
- Evaluate the effectiveness of a training course provided by a consultant to see if the skills taught are being used three months later
- Conduct sessions with groups of employees to help them resolve conflicts, including reference to employment legislation and the organisations' code of conduct
- Survey employees to determine how they feel about their jobs (e.g., engagement, which typically rises with better performance, but Mike wants to understand why)
- Conduct structured interviews of potential employees to ascertain their suitability for hiring
- Train others in how to implement new procedures that were developed (e.g., how to use a structured set of questions to help with employee selection)
- Score results of tests and other selection tools, and write reports of candidate suitability for managers to consider
- Write a proposal for a project (e.g., a project might be expected to improve the attendance of staff at team briefings)
- Supervise an activity (e.g., training sessions for new employees), an ongoing function (e.g., professional training and development) or people (e.g., staff who keep personnel records)
- Provide advice and assistance to managers in the organisation on demand
- Help design and implement a new method or procedure (e.g., a new employee bonus system linked to achievement of individual and team work goals)
- Figure out a solution to an organisation's problem and win

support for it (e.g., too much employee leave scheduled during the Rugby World Cup)

Occasionally, Mike gives a guest lecture in the Management Department at a nearby university. He has been involved in conducting and publishing research in the past but has not got any on the go at present. He does some community service for both the profession (e.g., he coordinates the local series of the Human Resources Institute of New Zealand (HRINZ) talks about I/O practices) and the general public (e.g., as a volunteer helping a local charity select further volunteers for its welfare programme).

An I/O Career

Most I/O psychologists in NZ have a Master's degree in Arts, Science, Applied Science, or ... there are quite a few options. Some go on to a PhD. All are registered with the New Zealand Psychologists Board – you have to be, to use the 'psychologist' title – and that means they did a supervised internship building on what they learnt in their Master's classes. They subscribe to a Code of Ethics, and keep competent through a planned approach to learning and growing in their professional fields. Opportunities for academic work are limited without a PhD. Mike thinks a PhD would not have made any difference to his advancement or salary, but some people look down on him because they have a PhD in another field. Funny things, people. Academic careers require a publication record of research articles and book chapters, so Jo writes a lot and is always on the lookout for places she can put her knowledge to work while producing another peer-reviewed paper. Since few practitioners consistently publish results of their work (and many do not conduct any publishable research), academics and practitioners do not often cross career

paths. A doctoral student must begin to publish to achieve an academic position, and a practitioner must maintain a reasonable publication record to make a transition to academia. In most cases, decisions made early in the career, often during the first postgraduate years, determine the career path, and few people switch.

At the current time, career opportunities are excellent in the field, which has been getting increasingly popular as more and more people have been applying to a growing number of graduate programmes (as of this writing, there are about eight in NZ, with more than half able to be extended to a PhD). Salaries tend to be higher for practitioner jobs than academic ones, which some say is the price professors pay for their greater autonomy. Neither Mike nor Jo agrees here; Mike added that he knows consultants whose annual earnings fluctuate by over a hundred thousand dollars from year to year, with a low in the thirties! However, academics sometimes make up a little difference in income with part-time consulting and other activities such as writing books.

How Can You Tell If An I/O Career Is For You?

At its core, I/O is a scientific field that is devoted to discovery and application of scientific principles to human problems in the workplace. What makes us a little different from many scientific fields is that we are an applied science. Thus we have both a scientific and a practitioner side (much like engineering). Although some I/O psychologists might do primarily one or the other, they are trained to be both scientists and practitioners. The training and nature of the work tends to be technical, requiring a strong background in methodology and in statistics.

Perhaps the first thing to do before deciding is to take an I/O course (or at least read an I/O textbook) to give you an overview. The NZPsS I/O Division website (accessed through www.psychology.org.nz) is a good source of information about the field, with links to many others as well. Consider your ultimate career objective. If it is to get a nice corporate position with opportunity for advancement, perhaps an MBA (or other business degree) might be a better choice. Why spend 5 or 6 years (or longer) working on a PhD if an easier road to your goal exists? However, if the idea of being a scientist/practitioner is appealing, if you like psychology and enjoy the technical aspects of the field, I/O might be a good choice. If your leaning is more to being a scientist, then an academic career might be the way to go. If you would rather do application, then be a practitioner. I/O psychology can be a great career with many opportunities to pursue your particular interests and objectives.

Since you need a postgraduate degree to be an I/O psychologist, you must enter a postgraduate programme. Admission is competitive and can be difficult, so you need to prepare. Some of your competitors start while still undergraduates. You need to have good grades. It helps to have some experience of the world of work, too, even if only through seasonal employment.