



The New Zealand
Psychological Society

Te Rōpū Mātai Hinengaro o Aotearoa

Psychology Aotearoa

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Bridges to success for Māori - 11
Trauma therapy? No way, I am not psycho! - 16
Look to Norway? - 24

LGBTQ psychology in Aotearoa - 36
Working effectively for refugees and asylum Seekers -50
The revised screening scale for pedophilic interests (SSPI-2) - 56



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

Being part of *Psychology Aotearoa*

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

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

The New Zealand Psychological Society is the premier professional association for psychologists in Aotearoa New Zealand. Established as a stand-alone incorporated society in 1967, it now has over 1600 members and subscribers. The Society provides representation, services and support for its New Zealand and overseas members.

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

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Contents



President's Korero 2
President **Quentin Abraham** reflects on diversity and the Society's journey over the past two years

Editorial 4
Fiona Howard previews this edition's contributions

NZPsS News

Life members- **Geraldine Keith, Pamela O'Hara, Gail Tripp** and **Prue Vincent** are congratulated on their 30 years' membership of the NZPsS 5
Environmental Wellbeing and Responsibility to Society- The NZPsS' recent position statement is featured 6

Bicultural Issues

Tia Neha responds to questions about her life journey and her mahi at Victoria University 7
Bridges to success for Māori: An aspirational lens- **Angus Macfarlane, Sonja Macfarlane, Melissa Derby, Melinda Webber** 11

Practice- Research-Education

A Trauma therapy? No way, I am not psycho! – **Arianne Struik** 16
Why should I invest in an educational psychologist? – **Quentin Abraham** 18

International

Look to Norway?- **Tor Levin Hofgaard** 24

One on One

NZPsS member **Dianne Hendey** reflects 28

Reviews

Peter Stanley reviews Robert Whitaker's *Anatomy of an epidemic: Magic bullets, psychiatric drugs, and the astonishing rise of mental illness in America* 30
Veerle Poels reviews Doug Avery's *The resilient farmer: Weathering the challenges of life and the land* 31
Peter Stanley reviews Tom Nichols' *The death of expertise: The campaign against established knowledge and why it matters* 32
Ann Reynolds reviews Scott Lilienfeld and Irwin Waldman's *Psychological science under scrutiny: Recent challenges and proposed solutions* 33

Student Forum

Student Forum Editor **Kelly Scott** introduces **Kyle Tan's** *LGBTQ psychology in Aotearoa*; **Gloria Fraser's** *Conducting ethical 'outsider' research: Reflections on working in rainbow communities as a straight, cisgender woman*; **Luke Sniewski's** *Mindfulness meditation as a catalyst for behavioural change*; **Mona Ghanbari's** *Mindfulness and expectancy effect*; **Debbie Sutton's** *Working effectively for refugees and asylum Seekers; an overview of a New Zealand Psychological Society workshop*; **Lenore Tahara-Eckl's** *Behavioural and neural evidence suggest that ignoring distractors is the key to efficient attention* and **Linda Fatialofa's** *The revised screening scale for pedophilic interests (SSPI-2). How is it doing compared with the original SSPI?* 35



Tēnā koutou ngā kaiwhakamātau hinengaro

As my term as President draws to a close, one of my final acts will be to pass over the stone taonga to the next President. Our former kaumātua Huata Holmes gifted us this taonga and stated 'E nekegia inaga e a ia ano; e kore io e tikina

inaga e madu mā'. We do not find greenstone. Greenstone finds us. The work of the craftsman is to draw the image from the stone.

This has a strong message for the work of the NZPsS. How do we draw out the core values, the essence of our work, how do we enhance our members' work at all levels, however small from practitioner's meeting at an individual level, to researchers, to those working in communities and those at a strategic and policy level. There are some inherent tensions and strengths in the diversity of our membership. We want to remain a learned Society that prides ourselves on our scientific rigor and evidence base and also bring the practice of psychology to the public in a practical and effective manner. What can the NZPsS Executive and National Office staff do to create the infrastructure to maintain these activities? We acknowledge excellence in research with our awards, offer a platform to publish and network with other researchers. We gather our practitioners under the same roof whether it is during Psychology Week or participating in events with our Institutes or local Branches.

To supplement our member survey, we bring together the Chairs of our Institutes and Branches annually for a national gathering to gain more direct feedback. Last year, we responded strategically to the request for a greater media presence by seeking media expertise from Brenda Saunders and developing a communications strategy. This has helped us gain more influence on issues that matter to you. Submissions include briefings to the incoming Minister of Health and the incoming Minister of Education; the Ministry of Health's "Strategy to prevent suicide in New Zealand"; HPCAA Amendment Bill; the Family and Whānau Violence Legislation Bill; Autism Spectrum Disorder Guideline on sexuality education; Investing in New Zealand's Future Health Workforce Post-entry training of New Zealand's future health workforce; Social Services Select Committee Inquiry into the Children, Young Persons, and Their Families and a letter to the Privacy

Commissioner regarding the sharing of client information. A statement is being finalised on environmental wellbeing and responsibility to society and another on family violence that will be used to bring psychology to the policy makers and the public on your behalf¹.

In May 2017, we launched our report on Poverty and Mental Health with the Child Poverty Action Group (CPAG) which gained wide public attention². This report was a central theme in our discussions with major political parties prior to the election when discussing the contribution of psychology. It has also provided us with an evidence base in which to make a submission to the Prime Minister's Poverty Reduction Bill.

At the start of this year, the new government announced an Inquiry into Mental Health and Addiction³. I was concerned that a narrow focus on mental health might limit the way we understand how individuals respond to stressors within our communities and therefore restrict the possible solutions. However, I was heartened that when we met with Hon Dr David Clark (Minister of Health) before Easter, he informed us that he deliberately directed the Mental Health Enquiry to take a wide remit and include the social determinants of mental health difficulties e.g. not having a home, being hungry and equality of access to services. We were able to confirm that the NZPsS work party preparing our submission for the inquiry had an overwhelming response from our members in all domains of psychology working at the cutting edge of mental health.

Our taonga has taken me to Washington DC, Nottingham UK and Melbourne, Australia on your behalf. The NZPsS decided to strategically strengthen its ties with the international psychology community and share our unique flavour of psychology in Aotearoa. In these settings I have been able to build on the work of Dr Waikaremoana Waitoki (Director of Bicultural Issues) and others in contributing to the global competences for psychology. At conferences, other psychologists are hungry to know

1 See list of submissions <http://www.psychology.org.nz/about-nzps/nzps-submissions/>

2 Gibson, K., Abraham, Q., Asher, I., Black, R., Turner, N., Waitoki, W., & McMillan, N. (2017). Child Poverty and Mental Health: A Literature Review. Retrieved from <http://www.psychology.org.nz/wp-content/uploads/CPAGChildPovertyandMentalHealthreport.pdf>

3 OIA and DIA. (2018). Establishing the Government Inquiry into Mental Health and Addiction. Office of the Minister of Health and, Office of the Minister of Internal Affairs. Retrieved from [https://www.dia.govt.nz/diawebsite.nsf/Files/Government-Inquiry-into-Mental-Health-and-Addiction/\\$file/Establishing-the-Government-Inquiry-into-Mental-Health-and-Addiction.pdf](https://www.dia.govt.nz/diawebsite.nsf/Files/Government-Inquiry-into-Mental-Health-and-Addiction/$file/Establishing-the-Government-Inquiry-into-Mental-Health-and-Addiction.pdf)

about what they can do to develop respectful relationships with their indigenous peoples and promote a wider understanding of what we mean by psychology. I hope these relationships will bear fruit in the newly established Asia Pacific Psychology Alliance (APPA) and the evolving role of the NZPsS in the International Union of Psychological Science (IUPsyS).

I hope you will all join us in Auckland in September 2018 in this special jubilee year as we take stock. We will explore the theme, *Te tōrino haere whakamua, whakamuri, the spiral of connection: Psychology in the past, present and future*. There, I will hand over te iti kahurangi⁴ to your incoming President, Dr John Fitzgerald. I know he will be admirably supported by the rest of our capable Executive, Dr Pamela Hyde (Executive Director) and her dedicated team. Ehara taku toa i te toa takitahi Engari, he toa takitini⁵.

This presidency has come with many challenges and it has shaped who I am over the past few years through the myriad of conversations, debates, emails, telephone calls, meetings and initiatives.

I want to give thanks to this pounamu for finding me and the essential forces that drive us to use psychology to make our country and our world a better place.

Quentin Abraham



⁴ Precious thing, treasured possession

⁵ My strength is not that of a single warrior but that of many



Tēnā Koutou

As I write this editorial, I have been engaged in planning for the upcoming jubilee conference in September mentioned above in Quentin's editorial. I have been reminded of how the conference brings together a diverse field of psychologists and how this enriches

and sustains us. I think one of the benefits is the reflection on psychology's contribution to the communities we serve and our role within it. This strengthening of identity comes with the enjoyment of networking and the stimulation of new ideas. This year's conference will offer all this and more, as there will be the added celebration of our past as a profession. How often do we stop and look at how far we've come? This will offer pause for thought and I hope cause for celebration. I encourage you to come along, especially if you don't normally attend, come and see what enrichment you can find, it promises to be rewarding!

This edition once again brings you some interesting offerings. It begins with an engaging interview with Dr Tia Neha, Māori and Indigenous Psychology Lecturer at Victoria University of Wellington. Furthering the theme of indigeneity, Angus Macfarlane, Sonja Macfarlane, Melissa Derby, Melinda Webber have written 'Bridges to success for Māori: An aspirational lens'. This work summarises findings from *Ka Awatea* and proposes recommendations, which will be of great relevance to many engaged in promoting Māori success.

In 'Trauma therapy? No way, I am not psycho! Treating Chronically Traumatized Children' Arianne Struik describes her creative Sleeping Dogs method for getting children ready to engage in EMDR. This is a fascinating process to see a psychologist being involved in.

Quentin Abraham tackles the challenge of developing the 'pithy statement' which describes a psychologist, as many have been tasked with over recent months. The challenge of seeking to be understandable to our stakeholders goes towards securing greater relevance and impact in the future. Peter Stanley continues this theme in his review of 'The death of expertise: The campaign against established knowledge and why it matters' by Tom Nichols which backgrounds the wider societal shifts that have contributed to the demise of the respect for professional expertise. An aspect of this demise is tackled in Anne Reynolds review

of 'Psychological science under scrutiny: Recent challenges and proposed solutions' by Lilienfeld and Waldman' (2017). How we design and conduct research, and how we report and present our results is just one aspect of the undermining of our discipline and its expertise. A critical lens is taken to the whole arena of research in this book, which Reynolds describes as an essential read especially for those engaged in research such that we might improve our heft in the scientific world.

Our future as a profession is also addressed in our international contribution by Tor Levin Hofgaard, the President of the Norwegian Psychological Society whom I have had the privilege of meeting at international conferences in the past couple of years. Tor describes how psychology has developed in Norway to the point now where psychologists are at the forefront of primary health care, taking a lead in determining the pathway for mental health care. He describes the profession's history beginning with the Psychological Society as a union, and thereafter taking a strong advocacy role within society and government. This is a very inspirational read for those interested in how we might develop the contribution we can make as a profession.

In other reports in our book review section, Peter Stanley reviews two books which caught my eye. 'Anatomy of an Epidemic: Magic bullets, psychiatric drugs, and the astonishing rise of mental illness in America' by Roger Whitaker is an essential read for anyone with clients according to Stanley. After reading this critique of the psychiatric dominance in the world of mental health, he asks how we can do better as a profession? I am heartened however by developments such as the recent 'Power, Threat, Meaning Framework' developed by a group of senior psychologists (Lucy Johnstone, Mary Boyle, John Cromby, David Harper, Peter Kinderman, David Pilgrim and John Read) and high profile service user campaigners (Jacqui Dillon and Eleanor Longden). This was developed as an alternative to more traditional models based on psychiatric diagnosis and has been published by the clinical division on the British Psychological Society website.

Lastly, our new student editor Kelly Scott from The University of Auckland introduces and profiles a series of student contributions. Thanks go to Kelly for taking time out of her own studies to entice and gather these important offerings. I am indebted to students for often being at the forefront of new and important areas of research and practice. A fresh voice is music to our ears.

Before I go however, I would like to draw your attention to our latest addition to the NZPsS website of another

position statement, this time on 'Environmental Wellbeing and Responsibility to Society'. This is timely as we deal with the issues of climate change more and more. This statement outlines some ways in which psychologists can contribute to this global issue.

In the spirit of appreciation of the diversity within our profession I invite you to enjoy the various contributions that lie within this edition.

Kia kaha,
Hei konā mai,
Fiona Howard

NZPsS News

Congratulations to new life members

Each year the NZPsS Executive congratulates NZPsS members who have completed 30 years of continuous membership of the Society. We list new Life Members below and feature a contribution from Gail Tripp on her journey in psychology.

Geraldine Keith

Pamela O'Hara

Gail Tripp

Prue Vincent

Dr Gail Tripp



Gail joined the New Zealand Psychological Society while still a PhD student in the Department of Psychology at the University of Otago. Following completion of her PhD and Post Graduate Diploma in Clinical Psychology she worked at Waikato Hospital as a clinical psychologist for just under two years before returning to Dunedin to take up an academic position within the Department of Psychology at the University of Otago. During her time in the Psychology Department she taught in the Department's undergraduate and graduate (clinical psychology) programmes, supervised undergraduate and graduate thesis students, and developed a research programme focused on the nature, etiology and management of attention deficit hyperactivity disorder (ADHD). In 2007, after 15 years in the Psychology Department, she moved to Okinawa, Japan, to a position as a Principal Investigator in the newly formed Okinawa Institute of Science and Technology (OIST) Promotion Corporation, and later as a Professor in the OIST Graduate University. Here she established the Human Developmental Neurobiology Research Unit and the Children's Research Center where she continues to conduct research on the etiology and management of ADHD.

NZPsS position statement

The NZPsS has developed a new position statement on psychology and environmental wellbeing and responsibility to Society. The statement was prepared by NZPsS members and a special thanks to Marg O'Brien, Dr Jackie Feather, Brian Dixon, Marc Wilson, Neville Blampied, Jasmine Gillespie-Gray, and Nick Laurence for their input. Thank you also to Niki Harre for her comments on a draft.

Environmental Wellbeing and Responsibility to Society

Caring for the natural world is critical to our own wellbeing. We are an integral part of nature and yet we have been slow to recognize the detrimental effects we humans are having on the environment. To accept nature's nurturance while allowing our lifestyles to undermine its life-giving capacity is to jeopardise our own health and future survival.

As psychologists, we function to promote the wellbeing of society. So, it is vital that as a discipline, we acknowledge the profound impact humans collectively are having on the environment and urgently work to counter the ill-effects to the health and wellbeing of people and planet.

WHAT WILL WE DO?

We acknowledge that the implications of environmental damage and climate change bring in new responsibilities and require an extended understanding of the nature of wellbeing.

We will work to ensure that psychologists contribute to mitigating the ill-effects of a climate-turbulent future, strengthening our capacity as practitioners at individual, community, governance and academic levels.

We will work with other disciplines, agencies and networks to achieve shared understandings, pooling energies and insights to influence and to find our way through conflict; to shape thinking, provide direction for interventions, and contribute to the task of mobilizing a collective response towards a healthier sustainable future.

To start this process the New Zealand Psychological Society (NZPsS)

- Recognises the need to actively encourage psychologists to promote understanding of the human and psychological dimensions of global climate change and to develop the role of psychology in climate change issues affecting New Zealand.
- Commits to auditing the Society's own environmental impacts and developing sustainable practices and strategies to reduce its contribution to global climate change.

- Seeks opportunities to work with government, political organisations and other agencies to ensure they understand the potential roles (policy, practical and research) for psychology in promoting understanding, encouraging climate-friendly practices and responding to communities and individuals experiencing climate related distress.

WHAT INTERESTS US?

While there are many questions that have captured our attention, the following have a psychological focus:

- What does it mean to live sustainably? How will this impact on our consumer and carbon rich lifestyles? What can be done to communicate environmental messages so that sustainable lifestyles are adopted?
- What effects will climate change have on people's lives, health, wellbeing, cultures and communities? How can those impacts be ameliorated and what adaptive responses are needed at the individual, community and government level?
- What can we do to flourish in a finite world within ecological and social limits? How can cities become places for nature, promoting the wellbeing of an increasing population?

WHAT WE CAN OFFER?

To counter environmental degradation and facilitate action-based adaptation, mitigation and transformation psychologists can offer:

- Interventions to ensure understanding of the causes and consequences of environmental degradation, especially climate change (given the 2014 NZPsS AGM remit).
 - Knowledge based interventions to stimulate interpersonal/public discussions and enhanced engagement in climate action.
 - Process-based interventions to facilitate the development of self and community efficacy in community-led solutions.
- Interventions to overcome emotional responses associated with this understanding. These responses including depression, anxiety, helplessness and hopelessness.
- Community-based climate protection interventions to facilitate:
 - A reduction in urban energy consumption.
 - More sustainable urban waste disposal and water.

conservation

Low carbon urban living transitions to sustainability

Consumer/citizen participation in above (i.e. environmental conservation).

Citizens, communities, commerce and councils (local governments) working together to contribute to sustainable urban development.

The formation of people-networks that encourage new ideas and promote the learning, experimentation and creative problem solving required for resilient communities.

Note that psychologists in many parts of the world are moving to use their expertise in these endeavours. Health professionals will be increasingly involved in a comprehensive response to climate change and the transition required to sustainability. The NZPsS responsibility is to ensure that our own psychologists have the opportunity to contribute to these endeavours in the near future.

This statement was posted April 2018 at www.psychology.org.nz/about-nzps/position-statements

An interview with Dr Tia Neha, Māori and Indigenous Psychology lecturer at Victoria University of Wellington



Dr Tia Neha is the Māori and Indigenous Psychology lecturer at Victoria University of Wellington. She is currently a Fellow of the Centre for Applied Cross-Cultural Research. Tia was awarded the New Zealand Psychological Society Karahipi Tumuaki President's Scholarship in 2012. This scholarship assisted towards her Fulbright tour to North America where she gave eighteen

presentations on her doctoral research at various institutions. The title of her dissertation was "He maumahara ki ngā korero a ngā whānau ki Te Waipounamu: Family recollections and social contributions to Māori children's learning in the South Island, New Zealand". Tia is currently continuing with a follow-up study from her PhD. This work addresses whether there is home to school connectedness or dissonance and the associations to Māori pre-adolescents to adolescents learning and wellbeing outcomes.

Tia, could you tell us about your iwi, whānau and the place you grew up?

Kia Ora

Nō Ngāti Hau, Te Aitanga A Mate, Hiruharama, Te Whānau o Harāwaka me Ngai Te Apatu ōku hapu. My hapu connections are from Whakapara, Makarika, Hiruharama, Hawaii and Wairoa. Nō Ngā Puhī, Ngāti Porou, Te Whānau Ā Apanui me Ngāti Kahungunu ōku iwi. My iwi affiliations hail from Northland, East Coast, East Cape and the Hawkes Bay. As a child to the present, I have spent some of my time with my whānau that live in a Ngāti Porou village called Makarika. My whānau marae are called Rongo i te Kai and Rongohaere. My mother was raised by my great great grandmother on our marae Rongo i te Kai. My Nanny's name was Henrietta Makarini Puhata or commonly known as Sei Kuia. She was an expert in what is known as kapahaka and waiata and well respected in the Ngāti Porou region. She was a mentor and advisor to Sir Apirana Ngata where they travelled extensively around New Zealand revitalising Te Reo and kapa haka. Sir Apirana Ngata commissioned the building of Rongo i te Kai marae for Nanny and her future generations of mokopuna to come. She is buried at our whānau cemetery with my great grandfather, grandmother, my Aunty Tia who I was named after and my two uncles. My late father and my grandparents on that side are buried in our whānau cemetery called

Pungawerewere which is close to Rongohaere marae. My grandmother (Dad's Mum) was an expert in Māori medicine. Her rongoa (healing medicines) are what saved my life. I was a child who had lots of life threatening illnesses and so I am indebted to my Nanny Mac. I feel fortunate to be a mokopuna of my many Koro, Kuia and the eldest child of my mātua. Without them I would not be here.

In the 1960s, my parents moved to Dunedin to start a new life from their homelands in Makarika. Both sets of grandparents also came to live with us and Te Reo was the first language that was spoken in my whānau. It must have been a foreign context to my whānau as we were one of the very few whānau Māori in Broad Bay (a semi-rural suburb of Dunedin) for 25 years. I love my home city Dunedin as this city has helped to shape the person I am today. I grew up in a whānau environment that spoke a lot of Te Reo which enabled me to know where I came from and how I connected to my whakapapa. Having a strong sense of the collective self enabled me to navigate confidently between my whānau and school life (which was predominantly in English instruction). My mother was invited to teach tikanga and Te Reo at my school and it was lovely knowing that what I learned at home was being mirrored in the school setting.

What do you remember most about your childhood?

I remember lots of things from my childhood but the best thing I dearly loved was my pet cat Pixie. He was so kind and tolerant of my childhood behaviours and kept me company when I was ailing or sad. Pixie made sure to wake me up to come and play with him. It was one of his ways of making sure I didn't dwell on my illnesses. When I was mobile I would

follow him around our home and he would allow me to sit on him as my own private horse. We would play with each other and he would be always waiting for me when I returned home from school. Pixie taught me a lot about friendship, compassion and empathy and when he passed away I became incredibly lonely for my friend. From Pixie I have gone on to have six more cats where each one of them have shown me how to love and they have forgiven me almost instantly for my human frailties and emotions. My cats have been the bedrock for me and from my childhood to becoming an adult and are definitely part of my whānau. So much so that my dear feline friends feature on my acknowledgements page of my PhD. I may be described as a cray cray cat lady but I wear that badge with pride.

Where did your schooling take place?

My early childhood education took place at Broad Bay Playcentre, Dunedin. It was a community of parents as first teachers that first exposed me to peer socialisation away from home. Just like at home, I learnt that the Playcentre routines were to be abided by and that playing was our learning. I loved the water play and remember floating the sunlight detergent bottles and the walnut shells filled with putty or plasticine and a sail inserted in them to represent little sailing ships in the big tub. However, I was forever being told to put on an apron to stay dry but it would soon go off once the supervisor had her back turned. The same process with the apron would happen with the painting activity.

My primary schooling took place at Broad Bay school. It was a small semi-rural school of 66 pupils. Most of my class I already knew from Playcentre and we transitioned into the Primmers, Standards through to

Form 2. Most of my classmates in my year group have gone on to become life time friends. My favourite teacher was Mrs Duffy. She was a firm but fair teacher who taught me how to handwrite. From her instruction I went on to win lots of handwriting competitions at school. One day on the mat, she was reading how Maui caught the sun. She pronounced his name like Mowee and as a six year I told her that, "my mother doesn't say Mowee she says Maui". Mrs Duffy rang Mum and told her what had happened. Mum agreed that I was right and Maui was pronounced Maui. Mrs Duffy then invited Mum to come to school to read lots of traditional Māori stories. I was really thrilled because I knew and loved the Maui stories and Mum was coming to school to teach us. Mum was then asked to teach Te Reo and lots of tikanga based activities like poi making and accompanied waiata and ti rakau. It was lots of fun to have Mum at school. Again at six my Dad would sit me down after he came home from work and would teach me mental arithmetic and the timestables. He showed me how to do long division and percentages and would relate a lot of the mathematical operations in Te Reo. I loved doing Math at home because I got to go on excursions with my Dad who would tell me in Te Reo what the concepts of binary operations were when dealing with eeling, fishing and watching the birds. He would then relate them back to his childhood days in Northland. These valuable experiences and input from my parents were what led me to loving to learn.

I attended a Māori girls private boarding school in Auckland. It was called Queen Victoria College. The transition to high school was internally hard as I knew no one at the school and I was one of the very few girls from the South Island. Most of the

girls knew each other or their taste of music was different from mine. I watched with dread as my whānau left the school grounds and I thought my world was destroyed. I was really cross with my parents because I couldn't go to one of the local schools in Dunedin and I had no say in the matter with attending this boarding school or not. Little did I know my parents made multiple sacrifices. My Dad would always be teary eyed when I would return back to Auckland after the school holidays. And my parents worked in four jobs to provide me a greater exposure to my Māori culture in education whilst also providing for my three other siblings. I pulled my socks up and went on to be awarded many scholarships at high school to support my parents paying exorbitant school fees. At this school a lot of classmates showed fantastic leadership and achievement by later becoming lawyers, researchers, accountants, teachers, judges and scientists. The best part I loved about Queen Vic was the wairua. This was demonstrated in the beautiful waiata and harmony when we performed in many cultural events, during church and overseas trips. Whenever I reunite with my friends the beautiful harmony still remains when we sing and there is no other harmony to date that hits the same notes or harmony of our waiata in the world. Yes, this is a form of implicit bias but you have to see it and feel it to believe it.

What did you do after completing your schooling?

This was a time for work experimentation in working as a roustabout, a basic secretarial course, a yard hand, a lab technician for the Department of Agriculture, a quality assurance person in electronics, a youth leader in literacy, a courier despatcher. I then decided to train as a teacher and stayed in the field for nearly 20 years.

Were there people who encouraged you to take your education further?

Not really. I was the first person in my whānau to receive university degrees and teachers' college diplomas. Although my whānau encouraged me and they meant well there were no role models to help on the navigation of the university system and learning on discipline specifics. What drove me to take my education further was a decision I made when I was seven years old. I witnessed lots of things that a young child should not have had to experience and decided there and then that I did not want to be like these adults. I witnessed the impact of colonisation and the disruption it had on my whānau but not to the same degree as my parents and grandparents generations. I made a solemn promise to my grandmother at her tangi that I would go to the highest level of learning I could attain and I achieved this by obtaining my PhD. My education has

led me to understanding whānau at the core based on my life experiences and my educational insights. In turn this means my role as a lecturer is to help facilitate students to understand a whānau lens with the view of them potentially working alongside whānau in a collaborative and empowering way.

What attracted you to psychology and working with children?

At one part of my life I was going to become a teacher or a lawyer. However, I kept falling asleep during the law classes and decided to try my hand in education. I have not looked back since I enrolled in education and psychology. I really loved the psychology of education and special education and so my love for psychology and children stemmed from both areas. The children I loved working with were the children that the education system has failed. Every day my kete of skills was tested but it kept me honest in my job. The children were my greatest teachers and in the last school I worked in, the system had given up on them. Over three years my team and I enabled these young people in their education. I would like to think our team had some small input into helping to shape these people into respectable citizens with good educational achievement, jobs, children and positive futures.

I moved sideways to psychology as education changed with the implementation of the Government's Tomorrow School's initiative. I knew changes were afoot in the classroom and the level of administration compliance would increase over time and I departed teaching but not in a disillusioned or a position of resentment. My transition to psychology was a seamless one and the areas that I gravitated towards were child development, family psychology and experimental analysis of behaviour. I was warned not to dabble with child and animal research. If you recall I did not like wearing aprons during painting and water play and it did not hurt me. So I did my Honours, Masters and Doctoral research with children, whānau and pigeons and doing this research did not hurt me.

You went on to complete a PhD – can you tell us something about that journey?

As you know, a PhD is not for the faint hearted let alone a walk in the park. Juggling between whānau, the wider whānau, my job as the Departmental Kaiawhina and university requirements was always going to be a tough road to navigate. So I needed something to fulfil my ngakau and keep my feet on the ground. This was my pet cat Mucki who I got as a kitten and he was to be the best friend that I had during my PhD. Mucki taught me to leave my work at the university gate because as soon as I

got home he was the centre of my attention. During the days where I couldn't face doing my PhD he would routinely wake me up and it would be time to start my day. I talked to him everyday about my whole PhD during the proposal, progression, application through to completion. He would settle my monologues and rants by sleeping on my lap. The days I went to do my PhD and Kaiawhina work he would always get the first and last lines of attention. In essence, he was my boss and I was more than happy to comply with his list of rules that he had specified in our relationship. My mother attested to this relationship and marvelled as to how compliant I had become as my personality did not normally kowtow to others' rules and regulations unless I saw some common sense in them. At 10 years old, my dear Mucki passed away and his passing was an incredible loss to my whānau and me. The greatest gift he gave me was giving me the strength to overcome lots of challenges that arose during my PhD. That is, those challenges would cease to matter whenever I came home to Mucki waiting at the door for his Mama. Ka aroha i tāku ngeru. Ka mokemoke i tō Mama.

You are now at Victoria University of Wellington – can you tell us about your role?

It would not have been made possible with the help of senior colleagues in the School that proposed and had the foresight to provide the viability of my strategic position. And so I am grateful to them for believing that after my appointment I would have the ability to carry out such a role for my people, the university and beyond. Ngā mihi maioha e ngā kaiwhakahaere me kaihautu hoki.

As mentioned at the beginning I am the Māori and Indigenous Psychology lecturer in the School of Psychology

at Victoria University of Wellington. I have been in this role for nearly 18 months. This role consists of opening up the whānau portals in psychology to a wide range of students and in particular growing research capacity from a whānau and Indigenous worldview. In other words, I will grow a programme that engenders students to theoretically understand and in tandem gain experience and apply these teachings when working alongside whānau in multiple contexts e.g., carrying out well-being and strength based work that enables whānau, community, educational, health and clinical contexts. To achieve these aims, I am team-teaching in the Abnormal, Developmental and Cross-Cultural Psychology papers in the undergraduate programme. I am co-ordinating an Indigenous Psychology paper and co-coordinating in a Culture and Human Development paper at the postgraduate level.

This role is exciting and forges lots of opportunities for working alongside whānau in the community which I love getting amongst and documenting their success and achievements to give voice to their tino rangatiratanga. I look forward to passing on my skills to students and hope they will share my passion when working with whānau.

If you were to give three tips to Māori psychology students what would they be?

1. Maximise the use of Māori support services offered at the university or the outreach initiatives. For example, we have a Kaiawhina Tauira in Te Kura Mātai Hinengaro / School of Psychology at Victoria University of Wellington
2. If you decide to do postgraduate study, come and talk with a faculty member or the Kaiawhina

Tauira to help provide a road map on how you would like to scope out your postgraduate plan and job opportunities after you have completed your studies.

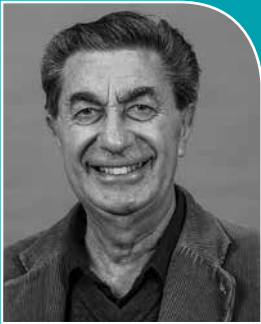
3. Māori and university scholarships are becoming more competitive over time because there is no funding allocated to students after you have completed your Honours year. Therefore the better you do in the the third and fourth year studies the better chances you have at qualifying for these scholarships.

What in your view marks a well-lived life?

Life is too short. Therefore, spending quality time with your loved ones and making sure that work does not tend to consume one's life is the major key to a well-lived life. Kia Ora.

Bridges to success for Māori: An aspirational lens

Angus Macfarlane, Sonja Macfarlane, Melissa Derby, Melinda Webber



Angus Hikairo Macfarlane (Ngāti Whakaue) is Professor of Māori Research at the University of Canterbury, Director of Te Rū Rangahau: The Māori Research Laboratory, and Kaihautū of the New Zealand Psychological Society. His research focuses on exploring Indigenous and sociocultural imperatives that influence education and psychology. Avid about Māori advancement, he has pioneered several theoretical frameworks associated with culturally-responsive approaches for professionals working in these disciplines. Professor Macfarlane's prolific publication portfolio and exemplary teaching abilities have earned him national and international standing in his field of scholarship. In 2010, he received the Tohu Pae Tawhiti Award from the New Zealand Council for Educational Research for outstanding contributions to Māori research. In 2013, he was awarded the University of Canterbury Research Medal – the highest honour that the UC Council can extend to its academic staff. In 2015, he received the national Ako Aotearoa Tertiary Teaching Excellence Award for specialist services in the field of kaupapa Māori.



Sonja Macfarlane (Ngāi Tahu, Ngāti Waewae) is Associate Professor in the School of Health Sciences at the University of Canterbury, a Senior Research Fellow on A Better Start National Science Challenge, and a member of the New Zealand Psychological Society. Her research, publications and teaching focus on culturally-responsive evidence-based practices in education, psychology, counselling and human development. Her career pathway has seen her move from classroom teacher to itinerant teacher, to special education advisor, to the National Professional Practice Leader: Services to Māori (Pouhikiahurea) in the Ministry of Education, Special Education. In 2014, Dr Macfarlane received a University of Canterbury Research Award, and in 2015 the Research Team Award was conferred by the University's College of Education, Health and Human Development. Her most recent distinction was the Tohu Pae Tawhiti Award from the New Zealand Council for Educational Research for outstanding contributions to Māori research, which she received in 2017. Dr Macfarlane is a research and advisory member on several ministerial-funded projects.



Associate Professor Melinda Webber (Ngāti Whakaue, Ngāpuhi) is a former Fulbright/Nga Pae o te Maramatanga Scholar who has published widely on the nature of Māori identity. Melinda's research examines the ways race, ethnicity, culture and identity impact the lives of young people, particularly Māori. In 2016, Melinda was awarded a prestigious Marsden Fast-Start grant to undertake a research project examining the distinctive identity traits of Ngāpuhi, New Zealand's largest iwi. In 2017 Melinda was awarded an esteemed Rutherford Discovery Fellowship to tackle an important question facing educators – 'How can we foster cultural pride and academic aspiration among Māori students?' Melinda spent four years working as a researcher on the Starpath Project from 2011-2014 identifying and addressing the barriers that prevent participation and success in degree-level education especially for Māori, Pacific, and others from low socio-economic communities. She also spent six years as a co-principal investigator on the *Ka Awatea* Project examining the nature of teaching, learning and home psychosocial patterns that enable Māori learners to excel.



Melissa Derby (Ngāti Ranginui) is a doctoral scholar at the University of Canterbury, whose thesis is part of A Better Start National Science Challenge. Melissa is a member of the New Zealand Psychological Society, and has a Bachelor of Arts degree from Victoria University of Wellington. She graduated with a Master of Arts with first class honours from Auckland University of Technology, and her thesis made the Dean's List for Exceptional Theses. She also holds a Graduate Certificate in Indigenous Studies from Columbia University in New York. Her scholarship has been recognised through a range awards, including a Whāia Ngā Pae o te Māramatanga Doctoral Excellence Scholarship from the Māori Centre of Research Excellence, a SAGE Young Writer's Award, and the Brownlie Scholarship, which is awarded to the highest ranked doctoral scholar at the University of Canterbury.

Introduction

This paper offers a position on factors contributing to Māori success. It presents findings from a seminal study, *Ka Awatea*¹, which explored aspects of Māori learner success in eight secondary schools in the Rotorua rohe (district). While the findings emerged from a study in the field of education, it is contended that the cultural constructs presented in this position paper are far-reaching and are able to be applied within a range of workplaces and professional disciplines such as psychology, economics, and innovation. The paper commences by offering a snapshot of the discourse on Māori success in education, and outlines the pathway that led to the *Ka Awatea* study. It then proceeds to describe and explain the main findings of the study and proposes some recommendations for potential stakeholders who may hold the key to Māori success.

Māori Learner Success – a snapshot of the discourse

Few New Zealand scholars have focussed their attention on the attributes of successful Māori, both in mainstream (sic) education and beyond. Instead, the focus has remained largely on identifying Māori deficits, and this, combined with a reluctance to incorporate a Māori worldview into areas such as the

¹ The *Ka Awatea* study was supported by a grant from Ngā Pae o te Māramatanga, the Centre of Research Excellence funded by the Tertiary Education Commission (TEC) and hosted by The University of Auckland. The University of Canterbury was commissioned to undertake the research, and procured an alliance with The University of Auckland, Victoria University of Wellington, and Ua-Cox Consulting Ltd. The foremost contributors were the research participants: learners, teachers, principals, whānau, former learners, and community leaders. To access the full manuscript, see <http://www.maramatanga.co.nz/project/ka-awatea-iwi-case-study-m-ori-learners-experiencing-success>

national curriculum framework and institutional policies and practices, and the undervaluing of Te Reo Māori (the Māori language), has contributed to an overall lack of positive outcomes for Māori (Penetito, 2010; G.H. Smith, 1992; Turner, 2013, Webber & Macfarlane, 2018). The body of research on Māori achievement has, for so long, positioned Māori as simply ‘another’ cohort among a homogenous school, professional, or workplace population. This positioning seeks to assimilate Māori within the dominant culture in an invisible fashion, rather than seeing Māori as cultural bearers, distinctively unique and highly dynamic as any Indigenous group of people can be (Bishop, Berryman, Cavanagh & Teddy, 2007; Webber & Macfarlane, 2018).

The body of research on Māori achievement has, for so long, positioned Māori as simply ‘another’ cohort among a homogenous school, professional, or workplace population.

Historically, the official government policy was one of assimilation, where the focus was on all Māori acquiring the culture, customs, language and knowledge base of the Pākehā (British settlers and their descendants). The resultant undervaluing of mātauranga Māori (Māori knowledge), including language and customs, has had serious consequences for generations of Māori. Research illustrates that as a result, many Māori learners experience early disengagement from education, which has often led to high levels of unemployment, early patterns of delinquency and criminal involvement, increased risk of mental illness and predictable loss of potential for future success (Sherrif, 2010; Education Review Office, 2006; Macfarlane, Glynn, Cavanagh & Bateman, 2007). Surpassing the low expectations of others has proved

challenging for many Māori, but increasingly more Māori are attaining high levels of academic and workplace success.

Yet despite this increase in outcomes of success, little work has been done to identify what factors have contributed to this success. In addition, there is relatively little knowledge about how the various school, home, community and personal factors are interrelated. Not since Mitchell and Mitchell (1988) profiled Māori learners with high marks in School Certificate English and Mathematics, was the subject of Māori success and its intrinsic link to culture examined again in any depth. The *Ka Awatea* study delved into the literature on successful Māori learners specifically, and explored some of the issues facing Māori learners in mainstream education today with a particular focus on factors that impede their progress. However, it did not dwell there, preferring to place greater emphasis on identifying those factors that support successful outcomes and investigating strategies that could promote a more inclusive framework for Māori both in a school and community environments (Macfarlane, 2010; Webber, 2015). There is growing evidence and acceptance of the importance of making culture count in such a way that illuminates a pathway forward, thereby increasing the potential for Māori learners’ success. In essence, *Ka Awatea* promoted an agenda that is mindful of the unique position a culturally-centred Māori individual should occupy in an educational or workplace environment – where Māori individuals are seen as capable, productive and competent members of their whānau (family), hapū (tribe), iwi (extended tribe), school, and other communities (Ministry of Education, 1998; 2002; 2006; 2013).

Having recognised the shortage of

writings published within New Zealand which concentrate exclusively on Māori success, *Ka Awatea* sought to redirect attention from deficit theorising towards the nuances of success. A number of observations were made in the study, including: a need for strategic change at every level; the continued tension between holistic Indigenous knowledge and Western models; and the importance of cultural identity and the significance of place. Essentially, what emerged in the findings of the study was that those Māori learners who were succeeding at school possessed a skill suite which was underpinned by psycho-social tenets such as a strong cultural identity, an intrinsic motivation to learn, and a willingness to engage in learning within a range of contexts.

Four constructs and an overarching lever

It is generally accepted that success is built upon a range of key ingredients. Analyses of the data from *Ka Awatea* revealed that positive Māori identity and cultural efficacy are shown to be closely linked to resilience, with knowledge of one's whakapapa (genealogy) and mana tangata (a sense of belonging) also emerging as key influences. Cultural knowledge and engagement also tend to support connections in the wider community and an individual's access to social support and positive role models.

Similarly, whānau, hapū and iwi help individuals to develop fundamental psycho-social imperatives such as a sense of their collective belonging, cultural connectedness, and responsibilities to others. According to all of the participants in the study, their Māori identity lay at the heart of all things important to them and their achievement was considered complementary to this. These data sets emerged as four broad themes, these being: a strong sense of identity and belonging; a sense of resilience; a sense of connection to place, and a sense of being at ease in two worlds - and one overarching lever: whānau dynamics.

Mana Motuhake: A positive sense of identity

Mana motuhake, or a positive sense of identity as Māori, is critical to success as Māori, and is experienced via developing a sense of cultural efficacy. This includes the ability and knowledge that individuals can engage meaningfully with Māori culture and an ability to put this into practice, and where their psycho-social behaviour is informed by Māori values such as manaakitanga (care) and māhaki (humility). Māori experiencing success are more likely to feel a sense of belonging and connectedness to others in their whānau, school, workplace and community. Whānau play the most important role in terms of socialising their members into the Māori world and helping them to develop cultural efficacy. The findings that

emerged from *Ka Awatea* indicate that there is a significant opportunity for schools and workplaces to play an important role in enabling Māori identity to be developed, and to purposefully engage with Māori in activities that foster a strong sense of identity.

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Mana Tū: A sense of courage and resilience

Successful Māori individuals develop psychological attributes that include positive self-efficacy, positive self-concept, resilience, and an internal locus of control. These attributes contribute to a sense of courage and resilience that allows them to thrive in the school context and beyond. Successful Māori individuals tend to be aspirational, have high expectations and enjoy overall physical, emotional and spiritual wellbeing. A healthy home environment that supports an holistic sense of wellbeing is a key factor in fostering courage and resilience, where whānau members model practical resilience strategies, such as a firm work ethic, perseverance, determination and discipline. Complementing this are people who act as mentors and as confidantes. These mentors look for the good in the individual, articulate their potential, and have realistic expectations. Māori experiencing success see themselves as engaged and contributing community members. They want the community to provide opportunities for them to meaningfully participate in the broader success of their whānau, hapū and iwi.

Mana Ūkaipo: A sense of place

A strong connection between learning and the physical and socio-historical environment in which the learning occurs is pivotal to Māori success. Essentially, successful Māori seek a synergy between their school or place of work and the unique context in which the school or place of work is located. They want to see local role models of success made visible and prominent in schools and workplaces. There is a better chance that they will thrive when local customs and culture have some resonance with their educational and community activities, and they expect these phenomena, which they view as a viable platform for ongoing aspirations and achievement, to occupy a position of importance in areas such as the school curriculum and workplace environment.

Mana Tangatarua: A sense of inclusivity

Every participant had a culturally inclusive aptitude, a sense for navigating success in two paradigms – Te Ao Māori (a Māori world) and Auraki (a Western world), but held to a contention that educational and workplace success should not come at the expense of Māori identity. They saw both their Māori and Auraki experiences as vital to overall success, noting they need the appropriate navigational skills and role models, and a strong sense of psychological and spiritual wellbeing to navigate a bicultural Aotearoa New Zealand, successfully. Supportive and galvanic relationships are essential to success whereby whānau are primarily responsible for Māori success as Māori and should model what this looks like. Schools and workplaces are well-positioned to contribute largely to Māori success because they offer numerous opportunities to be innovative and creative, to try new things and to take risks, and in doing so, provide the kind of terrain that encourages both distinctiveness and diversity to flourish.

There is a clear correlation between the recognition of and support for an individual's cultural identity and their subsequent ability to translate that into the attainment of knowledge and skills.

Mana Whānau: The overarching lever

The findings from *Ka Awatea* revealed that successful Māori individuals occupy a valued position within their whānau. They are nurtured into succeeding in both worlds by their whānau, are socio-psychologically capable and have a developing sense of belonging across a number of contexts.

Māori experiencing success appreciate that their whānau appreciates education and workplace roles, and that their success is important to the whole whānau because it contributes to the overall success of the whānau.

The four themes and the overarching lever emerged as key ingredients in a recipe for educational and workplace success. If the education and workplace sectors are committed to successful learning and development for Māori then they must also be committed to enhancing cultural continuity and cultural growth in their respective modus-operandi.

The full *Ka Awatea* report offered 40 recommendations, eight each for Māori learners, whānau, schools, iwi, and policy-makers. A selection of the recommendations are:

- Hold fast to your deeply held cultural values and moral standards.
- Value your mentors and friends within the context of the school or professional community because they are valuable sources of knowledge and support in times of struggle.
- Ensure that your home environment is positive, safe, caring and nurturing. Individuals who are products of such environments are more content, emotionally secure and resilient.
- Value Māori cultural distinctiveness and foster the development of a degree of academic, social, and cultural self-confidence and self-belief.
- Ensure educational and workplace programmes have meaningful links to the local people, their history and their language.
- Make provision for visionary and proactive leadership – ‘reach in’

to schools and workplaces; don't wait for schools and workplaces to ‘reach out’.

- Familiarise administrators with local tikanga (customs) and kawa (protocols).
- Institutionalise a clearly marked path to success for Māori.

Conclusion

The four themes and overarching lever that emerged from *Ka Awatea* propose a position on Māori success, which in turn, have guided recommendations for key stakeholders who are charged with fostering success for Māori. The challenge remains for schools and workplaces to adapt models of practice to include both individual and collective aspirations of success for Māori. Schools and workplaces that have embraced this duality will be seen to be responding to Māori potential by creating innovative ways in which an holistic approach can be implemented alongside Western methodologies and practices (see Gillon & Macfarlane, 2017; Macfarlane, Macfarlane & Gillon, 2015).

There is a clear correlation between the recognition of and support for an individual's cultural identity and their subsequent ability to translate that into the attainment of knowledge and skills. The proposition that emerges from the data stories of the *Ka Awatea* study is that Māori individuals will improve their chances of success if the mana factors (motuhake, tū, ūkaipō, tangatarua, and whānau) play a part in their lives. A further proposition is that ambitious schools and workplaces with high numbers of successful Māori have recognised this fact, and have engineered positive spaces and shared understandings that augment Indigenous knowledge alongside Western knowledge - thus enhancing the experiences for all. A final proposition is to concede that many

Māori excel despite the absence of the mana factors outlined above, such is the enigmatic nature of circumstance.

As the number of Māori experiencing success increases, so too do the calls for changes to school and workplace environments, communities, curricula, and policies to support and assure continued growth. More and more, schools and workplaces need to embrace and celebrate difference, and to manage these imperatives in such a way that promotes a way forward for Māori, and indeed for all. And most do – potentially they provide a rich tapestry of human existence that are points along a continuum toward a distinctly democratic and culturally-just ecosystem where Indigeneity and diversity are celebrated and encouraged phenomena.

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Trauma therapy? No way, I am not psycho!

Arianne Struik



Arianne Struik is a clinical psychologist, family therapist and EMDR practitioner and consultant, originally from the Netherlands. She worked in Child and Adolescent Mental Health for twenty-two years as a clinical psychologist and program director. She moved to Australia and became director of The Institute for Chronically Traumatized Children (ICTC) from which she delivers FIFO-trauma treatment in remote areas in Australia and New Zealand.

She developed the award-winning Sleeping Dogs method, described in the book *Treating Chronically Traumatized Children* (Struik, 2014) and teaches internationally on the treatment of trauma and dissociation in children.

In the last three years I have enjoyed presenting at the New Zealand Psychological Society conferences on the Sleeping Dogs method combined with EMDR. Around the world, growing attention is placed on the significance of traumatisation in children and the importance of adequate treatment and we can choose from a large range of training and workshops on this topic. We are more aware of the immense consequences of untreated trauma for children's health and wellbeing and the intergenerational cycles of abuse and suffering in families. So how is it possible that many of these children are not treated for their traumas? Foster placement after foster placement breaks down and they end up in a residential facility or in juvenile detentions. They are referred for anger management training, protective behaviour courses, and alcohol and drugs programs or are medicated to manage their symptoms, without ever addressing the underlying trauma. Why?

Of course, it is hard to recognise trauma, when camouflaged by bad behaviour, funding can be a problem, and in remote areas there is a lack of specialised services. All of that is

true, however I think that is not the main problem. Processing traumatic memories is difficult and it hurts. It is hard to witness children relive their fears, feel their sadness and grief and hold their anger, and their avoidance is transferred to their network and to us. We might be afraid of what we open up, of not being able to deal with the consequences and make things worse, afraid to 'wake up sleeping dogs'.

For adults and children, eye movement desensitization and reprocessing (EMDR) therapy is one of the recommended directive therapies to processing traumatic memories

However, by giving in to our avoidance, we ignore the international guidelines' recommendations to use directive therapies focused on processing traumatic memories for children with posttraumatic stress disorder. We withhold from them a chance to recover from their trauma and break the cycle of intergenerational abuse for their children. We need to be courageous just like these children and help them build their strength and resilience to wake up these sleeping dogs and

eventually, when they are ready, process their traumatic memories with the support of their network.

For adults and children, eye movement desensitization and reprocessing (EMDR) therapy is one of the recommended directive therapies to processing traumatic memories (World Health Organization, 2013) and at least three recent randomized clinical trials have shown EMDR's effectiveness with children (de Roos et al., 2017). EMDR therapy involves standardized procedures including focusing simultaneously on associations of traumatic images, thoughts, emotions and bodily sensations and bilateral stimulation, most commonly in the form of repeated eye movements. For a large group of traumatised children, providing EMDR therapy can help overcome their trauma.

However, EMDR therapy, just like trauma-focused cognitive behavioural therapy, requires the child to attend therapy sessions and talk about traumatic memories. So, what if the child is so resistant, avoidant, disappointed, afraid or angry, that they refuse? These may be children with a history of chronic abuse, who are

violent, display sexualised behaviours, self-harm, attempt suicide, use alcohol, drugs, swear, vandalise, abscond, are not going to school, and who are “definitely not going to a psychologist” since they are “definitely not psycho!” Growing up in foster or residential care, far away from extended family/whanau and country, they feel helpless, incompetent, alone and disconnected. Child protection services are their legal guardian, their parents passed away, are in prison or have abandoned them. It is not surprising these children present as unwilling or unmotivated to engage in trauma-focused treatment, who are they doing it for?

Children can be afraid their parents will get angry with them or that they will not be reunified with their family or lose contact if they speak about the abuse.

For those children I developed the Sleeping Dogs method (Struik, 2014) to help them overcome their barriers and become motivated to process their traumatic memories. The Sleeping Dogs method starts with a structured analysis of the child’s possible barriers creating resistance. The clinician fills in the Six Tests Form to analyse all possible reasons why the child cannot or does not want to talk about his or her traumatic memories, such as the child’s safety, instability in daily life, lack of attachment relationships, contact arrangements with family, fear or emotions or lack of skills, negative cognitions and selfblame. Children can be afraid their parents will get angry with them or that they will not be reunified with their family or lose contact if they speak about the abuse. Their anger or sadness is too overwhelming or they dissociate and have amnesia of the trauma. Disconnected from their families/ whanau, they have no emotional support or rather keep it inside because they do not want to upset their mum and dad.

Based on this analysis, a customized treatment plan focused on overcoming these barriers the Sleeping Dogs method provides a framework of what needs to be done rather than being another comprehensive description of interventions so, interventions from other methods such as Safety Planning, FFT or DDP can be incorporated. Since decisions by child protection, Oranga Tamariki, can have a great positive or negative impact on the child’s life, clinicians working with the Sleeping Dogs method collaborate intensively with child protection workers, for children in care. The child’s network of (previous) carers and family/whanau is involved to motivate and support the child, for example by making a Trauma Healing Story (Struik, 2017) a brief story about the child’s life, illustrated with simple drawings in which the parents acknowledge the

child’s innocence and explain their intentions. The Trauma Healing Story describes both parents’ views. Homeless parents are located via family members or friends to attempt to include their views. Incarcerated parents can be visited by the clinician or contacted via the child’s social worker or a family member to give their feedback on the story. When a parent is deceased, family members are asked to formulate what they think the parent’s views would have been. The clinician then reads the story to the child preferably in the presence of his or her parents and carers. Children can start to understand they were not responsible for the abuse and feel their parents’ permission to talk about their traumatic memories. Then trauma treatment is discussed as an option to help the child overcome his/her difficulties and the child’s network is asked to motivate him or her. Instead of distancing the child from these ‘dysfunctional families’, the trauma healing story intervention views intensive collaboration with the child’s parents and family as the key to engaging these children.

When the child is becoming ready, they ideally starts with EMDR therapy in the next session or as soon as possible. The Sleeping Dogs method describes extra interventions in this phase to support the children when things become difficult. After processing their memories, children need to integrate their experiences into daily life and build strengths and resilience to prevent future traumatisation. A child may feel the need to renew broken contacts, such as with the abuser, or a life story can be created with the child by interviewing people from his or her past and recording it on video or with photos or painting. Treatment is ended when there is symptom reduction and the child feels strong enough to deal with future situations related to past experiences. Some children might be referred for assessment and treatment of co-morbid problems like Attention Deficit Hyperactivity Disorder or Foetal Alcohol Spectrum Disorders (FASD).

EMDR is quite new in New Zealand, but there is a rapidly growing community of skilled clinicians and last year 38 clinicians were trained in the use of the Child EMDR protocol...

In a pilot study 14 children, who were considered to be stuck cases and who refused to participate in EMDR therapy, were treated with the Sleeping Dogs method after which all 14 completed EMDR therapy, in an average of 7.57 sessions. Eight of them living in residential care at study onset, were placed in foster families within two months after the last session (Struik, Lindauer, & Ensink, 2017). Experiences in Australia and New Zealand with the

Sleeping Dogs method combined with EMDR are positive. Children get rid of trauma-related nightmares, are less anxious and angry, return to school and stop self-blaming and self-harming. Some of the parents find peace and healing, stop using drugs and alcohol and re-establish contact with their children. Some families are even reunified after being in care for many years. For children in remote areas the collaboration with local partners within the Sleeping Dogs framework opens up the possibility to provide specialized trauma treatment on a Fly In Fly Out (FIFO) basis. These local partners in return gain an increased awareness of trauma. In a remote community, treatment for a group of children has been combined with Indigenous ways of healing and church healing into a three-layer model.

EMDR is quite new in New Zealand, but there is a rapidly growing community of skilled clinicians and last year 38 clinicians were trained in the use of the Child EMDR protocol by one of the few accredited Child EMDR trainers from Europe. Eighty-one clinicians in New Zealand have been trained in the use of the Sleeping Dogs method, with hopefully many more to come. Every child has the right to heal from the trauma they have experienced. Let's be brave and wake up those sleeping dogs!

Information on the Sleeping Dogs method and training can be found at www.ariannestuik.com

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Why should I invest in an educational psychologist?

Quentin Abraham



Quentin is an educational psychologist with 25 years' experience. Previously he worked as a teacher and a residential social worker. In the UK he held a senior specialist post for challenging behaviour delivering services to a large city. He completed a Postgraduate Diploma in Systemic Practice including intensive intervention for children, their

families, schools and other agencies. After arriving in Aotearoa/New Zealand, Quentin worked for the Ministry of Education in Wellington, providing support to individual children and their schools. He went on to work as the practice advisor for the educational psychology course at Victoria University, and then as the intern supervisor for many of these students in the field. More recently he has focused on his private practice including supervision of other educational psychologists and specialist teachers. Quentin is a member of the Institute of Educational and Developmental Psychology and hosts the Educational and Development Forum List. He has been an active member of the NZPsS for many years including Director of Social Issues prior to becoming President. Quentin continues to study Te Reo Māori and he is a passionate Latin dancer.

Ki te kāore he whakakitenga ka ngaro te iwi.

(Without foresight or vision the people will be lost)

The general public have a tendency to default to stereotypes when talking about the work of psychologists. In a radio interview for Psychology Week 2017, I was asked if we can expect to see more people lying on couches! What is the alternative? What would you say in a few words to explain the core work of a psychologist?

Clinical and other applied psychologists in the UK have responded to the competitive market for psychology services by developing an asset-based approachⁱ and attempting to specify the unique value of psychologyⁱⁱ. They describe the roles and skills required for those working from low intensity to high intensity. This way commissioners of services can become aware of the specialist skills required, they ways to maximise the productivity of their workers and to ensure professionals are engaged at the 'top of their scope.'ⁱⁱⁱ

Until recently the provision of social and health care in Aotearoa/

New Zealand has followed a similar trajectory to this commissioning model by embracing the social investment model.^{iv, v} The Health Workforce New Zealand Taskforce requested a short, two page ‘pithy’ statements of the different types of psychology to determine the added value of psychology for clients, patients and communities. These statements would then be used to approach Treasury and other fund holders to discuss the staffing of psychologists in Aotearoa/New Zealand.^{vi}

Many psychologists have qualms about the commodification of psychology and the reduction of social care into the business speak of ‘assets’. A robust response was made by the New Zealand Psychological Society welcoming a transparent funding model but questioning the value of a competitive tendering mechanism.^{vii}

Clinical and other applied psychologists in the UK have responded to the competitive market for psychology services by developing an asset-based approach and attempting to specify the unique value of psychology.

Despite these reservations, whether we work in the public or private sector, we should be able to state in simple, everyday language to those who pay our salaries, what it is that we do and how it is unique.

A local Wellington group drafted an initial statement (aka “pithy statement”) containing the essential features of educational psychology with additional contributions from private psychologists and academic staff. Feedback was sought from non-psychologists, a Professor of Education, a former CEO of a Government Ministry and a media expert. The pithy statement was re-drafted into its current form.^{viii}

Quentin Abraham chaired a panel of four educational psychologists to reflect on the existing statement at this year’s Educational Psychologist Forum in Wellington.^{ix} The audience consisted of approximately 80 psychologists ranging from psychology students, practicing educational psychologists within the Ministry of Education, non-governmental organisations and private practice as well as those involved in research and tertiary education.

Four educational psychologists spoke for 7 minutes and answered questions:

(1) Field Worker – Veerle Van Cooten (Early Career Psychologist at

Explore; Treasurer of the Institute of Educational and Developmental Psychology)

(2) Ministry of Education – John McGovern (Registered Educational Psychologist, Ministry of Education Service Manager in Tauranga)

(3) Private Practice – Lynn Berresford (Registered Psychologist, Indigo Assessment and Counselling)

(4) Tangata Whenua and Academic – Angus McFarlane (Ngāti Whakaue, Ngāti Rangiwewehi; Professor of Māori Research University of Canterbury)

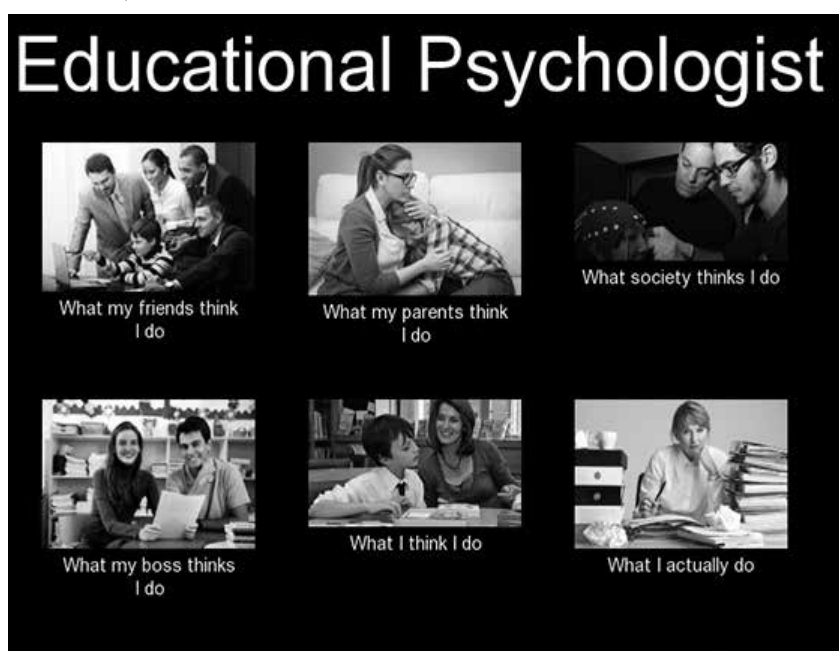
The panelists spoke to these themes:

- i. What are the strengths of the ‘pithy statement’?
- ii. What improvements could be made to this statement’?
- iii. How could this statement be used to support our profession to meet the needs of our communities?
- iv. What are the next steps to elaborate on this statement?

This statement is a ‘provocation’ for us to think about how we might communicate within our own profession about what we do; how we communicate to fund holders within a particular political climate alongside other professionals; and how this might be different from communicating our work to our clients.

A field work perspective

Veerle Van Cooten described her role in the initial pithy statement drafting group and the compromises that were made as this document was shaped for the audience.



x

She felt the statement still had value but in its new form lacked an emphasis on some core values and skills: strength-based, ecological, collaborative, theoretical frameworks, culturally responsive, systemic change, evidence-based interventions, holistic, psychometric, empowering learner-centered, non-intrusive, reflective communication, environmental change, inclusive practice, building capacity, and achieving full potential.

Veerle identified the tension between what is valuable to the profession versus those qualities of our work that people are prepared to pay for and what might resonate with fund holders. She valued the emphasis in Aotearoa/ New Zealand compared to the Netherlands on ecological and collaborative practice where we deliver interventions in naturalistic settings. She noted the dominant deficit-based focus on diagnosis and clinical treatment in the Netherlands.

Veerle talked about the subtle skills that educational psychologists possess to work in the background rather than the expert who steps in and fixes problems. As a consequence, this makes it difficult to promote our role to funders and ministerial decision-makers. "It is hard to point out the value of our expertise, if the expertise is to NOT appear to be an expert". She finished with a plea for us to keep talking to each other at local, national events online forums and sub groups to determine a coherent picture that we can present to the outside world of our value.

A Ministry of Education perspective

John McGovern listed the strengths of the pithy statement:

- Reinforces the helping role of the educational psychologist as many young people and whānau fear meeting a psychologist.

- Recognises that learning encompasses the whole of life, relationships, focussing on working with the whole child in natural settings.
- Emphasises our leadership role in facilitating the collaborative process and positive outcomes.
- Focusses on assessment, analysis, use of research, professional knowledge and judgement.
- Crisis intervention.
- Preventive programmes and therapeutic approaches.

He felt the statement needed a greater focus on the body of research about our effective contribution for young people and those that support them. Our role in supporting learning and positive outcomes of young people needed wide dissemination to the community and parent organizations and government agencies. The Educational Psychology Forum was one example of a pre-eminent venue to showcase the latest research.

In the future he felt we needed to:

- Brainstorm innovative projects and strategies which need more airtime and dissemination.
- Ensure we collect robust pre-post and implementation data with casework and projects.
- Partnerships with university staff, and include students funding Masters theses.
- Speak with a united voice to our practice advisers to release funding for supervision for research and project implementation.
- Work in partnership with colleagues to plan, implement, write up presentations and deliver them to audiences with advocacy potential.

A private practice perspective

Lynn Beresford welcomed a statement that might reflect work related to assessment requests from families and schools.

She discussed the range of work possible for a private practitioner that included behavioural therapies, play therapy, art therapy, cognitive behavioural therapy, counselling for individuals, families and groups. Private practitioners also used a variety of standardised assessments such as Wechsler, Stanford-Binet, Woodcock Johnson, Beck and Piers Harris inventories. Lynn noted their work for the Cool Kids programme for anxious children and parents, a support group for ADHD and autism and holiday Effective Study Programmes. One of the disadvantages was the potential loss of collegiality if working as a sole practitioner rather than a private practice team such as Indigo Assessment and Counselling.

... Māori and Pasifika providers are limited in their ability to disseminate information because of the limited numbers of qualified professionals within the field of educational psychology.

Some of the advantages of private practice were:

1. Flexibility in approach to practice (both in approaches to assessment/framing and approaches to implementation).
2. Variety in work beyond what is available through the more fragmented public services. For example, current Ministry of Education referrals were usually limited to those of a severe behaviour concern or contributing to the needs of disabled students on the Ongoing Resourcing Scheme (ORS).
3. Opportunity to focus on areas of

practice you are most passionate about.

Lynn's description of the positive aspects of private practice echoed the findings from a national survey on the recruitment and retention of psychologists. A total 634 psychologists responded (sent to all registered psychologists, approximately 2500). Those in private practice had significantly higher satisfaction scores than those working in education. Preliminary analysis on the different reasons for leaving for the different sectors indicated higher satisfaction for private practitioners for workload, ability to be effective, organisational processes, relationships with staff and resources.^{xi}

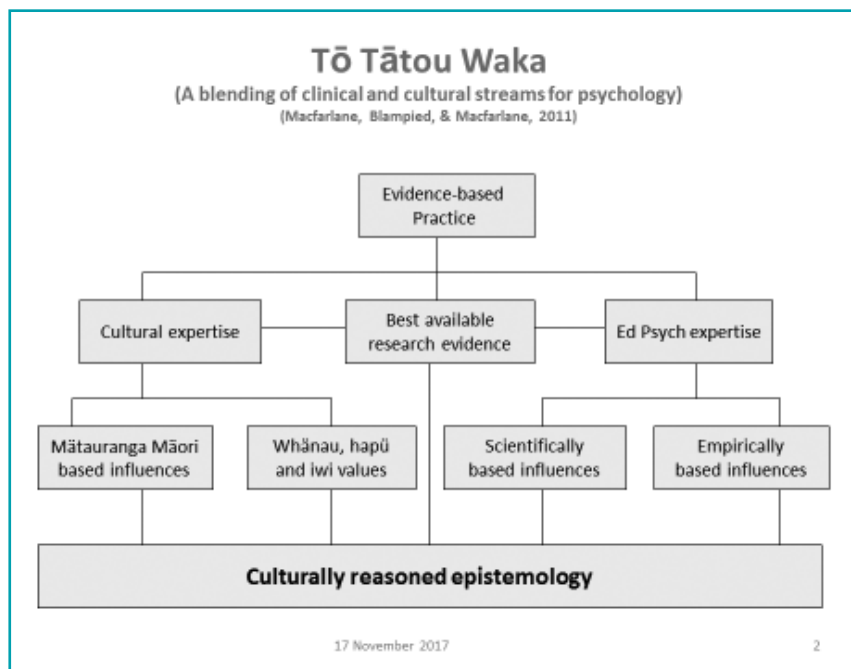
Tangata whenua and academic perspective

Angus Macfarlane argues we communicate well about our role to our professional colleagues. Resources are available to enable us to communicate across campuses, institutions and conferences. More work was required to communicate our role to Māori and Pasifika. There is goodwill and generosity in the profession which is highly appreciated. However, Māori and Pasifika providers are limited in their ability to disseminate information because of the limited numbers of qualified professionals within the field of educational psychology.

are not necessarily the conventional ones that carry weight within the profession. There are other credentials that carry mana, for example, he notes the role of the Kaitakawaenga and their cultural expertise.

Angus Macfarlane refers to the blending of clinical and cultural streams for psychology as a way to recognise this expertise.^{xii}

Communicating our work to fund-holders is another avenue that Angus believed we could improve. It is an opportune time with a new government, more Māori and Pasifika in senior posts. He noted that the exchange of resources is not limited to what is defined in terms of financial resources. Wealth can be found in other forms. Tribes are now huge players in the economy, health and education. Educational psychologists need be present at Iwi Leaders' Forum and District Health Boards to express our commitment to diversity in all parts of our country. This means stating our commitment to equity of treatment for minority groups due to the imbalanced composition of client ethnicity and professional competence. Many organisations, including ours, are forced to face changes and the dilemma of how to respond to these challenges so as to maintain or increase our effectiveness.



He states that communicating our work to our clients is largely about culturally responsive practice. If the profession is challenged to provide diversity in the workforce then maybe we need to adopt a Treaty approach where cultural connectedness (to Te Ao Māori) by non-Māori becomes a priority. There is a need to value Māori whose qualifications

Angus finished by offering his interpretation of UNESCO's four pillars of learning^{xiii}, a spirited defense for not reducing education to narrow technical, knowledge-based curricula but embrace a much more comprehensive vision of what constitutes learning and how we come to be in the world. Our pithy statement should reflect our work as education professionals to support and expose individuals to the values implicit within human rights, democratic principles, intercultural understanding and respect.

1. LEARNING TO KNOW
....that difference is normal. It is neither to be celebrated nor denigrated. It just is.
2. LEARNING TO DO Mahia te mahi. Must be transformative.
3. LEARNING TO BE

accepting of difference; understanding that it is an intrinsic aspect of daily life – expecting to encounter difference on a daily basis, refusing to pathologise it, but accepting it and coming to understand it by placing positive relationships at the centre of moral practice.

4. **LEARNING TO LIVE TOGETHER . . .** The differences in our academies and workplaces provide a rich tapestry of human existence that must be a starting point for a deeply democratic, academically sound, and culturally just education psychology community.

End piece

Our pithy statement has been effective as a provocation to defining what is core to our work as educational psychologists. It raises many questions about who defines our work and who can speak for all educational psychologists or psychologists working in education. Is it possible to have a coherent statement with such diverse views about what we do? There did seem to be a consistent theme that we do need to speak in a simple and direct way to fund holders. It is likely that we require additional, different statements that would speak to our clients and our professional membership.

Equally there was the sense that we need to conceptualise our role as educational psychologists in broad terms. David Mitchell carried out a review of the international trends in the education of students with special educational needs which informed the Ministry of Education's review of special education.^{xiv} He stated:

The roles of educational psychologists are going beyond the assessment and classification of SWSEN to incorporate broader pedagogical and systems related activities, not only with such students, but also in education more generally and in community contexts. p.14

The need to maintain rigour in our work combining different levels of evidence from practice and research are also the hallmarks of a psychologist as identified by independent consultants.^{xv}

Level 1: Establishing, maintaining, and supporting relationships with

patients and relatives, and using some simple, often intuitive techniques, such as basic counselling and stress management. These should be within the skill set of, and undertaken by all health staff.

Level 2: Undertaking circumscribed psychological activities. These activities may be protocol-driven (e.g., manualised) therapy approaches with patients with mild-moderate difficulties and are undertaken by a variety of health staff (e.g., medical practitioners, nurses, occupational therapists, and social workers) with suitable aptitude and training. Therapies such as straightforward CBT for clients with relatively uncomplicated presentations may fit at this level.

Level 3: Activities requiring specialist psychological intervention in circumstances where complexity or underlying influences require the capacity to devise an advanced and individually tailored therapeutic strategy. Flexibility to robustly adapt and combine approaches is a key competency at this level. This comes from a broad, thorough and sophisticated understanding of various psychological theories and approaches. While not exclusively the case, this level is primarily undertaken by psychologists.

It is perhaps the recognition of the different levels of work of a psychologist that has led to the stepped care, Improving Access to Psychological Therapies (IAPT) model in the UK. This employment of para professionals for work at Levels 1 and 2 and retaining psychologists to supervise this work or operate at the 'top of scope' to deliver a specialist service at Level 3. This has led to a radical shift in the delivery of psychological services and its proponents argue, albeit in terms of narrow outcomes, significant gains

for service users.^{xvi} Comprehensive, independent evaluations are difficult to find. There is some early indication that this target driven culture has its casualties with burnout and emotional exhaustion for those who deliver such services.^{xvii}

Nevertheless, despite the change of government, there is going to be increasing pressure for us to define our role and to explain what we have to offer that is value added compared to other professionals, such as a counsellor in school.^{xviii} We need to find ways to explain to the government the value of psychologists working in public services and the need to take measures to support their training, employment and retention.

The pithy statement is one way in which we can articulate our role in this new political context.^{xix}

If we are to identify the opportunities amidst the challenges psychologists must, both individually and collectively, garner a much more sophisticated and responsive understanding of the contexts in which they live and work, and be willing to become a louder voice in the professional arena. Psychology is a diverse field and each practitioner needs to make a coherent case for the work they do. But as a collective we need to be prepared to voice more forcefully where the added value comes from commissioning the services of a psychologist over other providers. p.139

...despite the change of government, there is going to be increasing pressure for us to define our role and to explain what we have to offer that is value added compared to other professionals, such as a counsellor in school

Nō reira, koutou mā. Thank you to

the conference organisers and to all those who participated in the Educational Psychology Forum 2017 in Wellington last year, tēnā rā koutou.

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Look to Norway?

Tor Levin Hofgaard, President of the Norwegian Psychological Association



I am a daddy to our wonderful son Neo, I am married to Kenneth, I am a psychologist, a clinical specialist, a change architect, and a lecturer – passionate about change; individual as well as societal. My base for change since 2007 has been in the role of the elected full-time president of the Norwegian Psychological Association. As president, I am responsible for advocacy, strategy, operational tactics, media exposure, and for anchoring policy and strategy in the membership of the association. My experience is that change can happen in all individuals, groups or in society as long as we take into account that we are people; with thoughts, feelings and behaviours, governed not so much by reason as we like to think. In my work, I try to be inspired by and apply behavioural science-based approaches to reach the goals we have defined. This is something I keep being invited to talk about in conferences. If you want to hear more – invite me!

Since becoming President in the Norwegian Psychological Association ten years ago, I have repeatedly met colleagues all over the world, wondering about the same: How have Norwegian psychologists managed to secure a position that makes the profession so sought after on all levels of health care services and in the communities?

In Norway we have a system that ensures individuals, communities and local communities easy access to psychologist's competence – in a broad field of services, ranging from health promotion, via early intervention teams, schools and child protection services, to the workplace and all the way to the severely mentally challenged, in need of long term treatment.

Unlike in most other countries, Norway's public health system allows psychologists to assess, diagnose, initiate and complete treatment of all types of mental health patients. They can work as managers on all levels in clinics and hospitals, and they enjoy the same privileges and duties that psychiatrists do (except medication). In Norway you will now

find psychologists leading services, clinics, hospital wards or even running entire hospitals. You can also find psychologists in public services on all levels, including the Ministry of Health. Ten years ago when we meet the minister of health, all his accompanying advisers were medical doctors, economists or lawyers. When I was in a meeting 2 months ago, five out of six of the accompanying advisers were psychologists.

In Norway you will now find psychologists leading services, clinics, hospital wards or even running entire hospitals.

The psychologists and the competence we have therefore has a big impact on Norwegian society in general, and health and public services especially. I have come to understand that this position for psychologists is quite unique.

This article aims to give some insight about how we got there.

Education, specialization and authorization

The title of “psychologist” (and

all titles including “psychologist” – e.g. health-psychologists, clinical-psychologists, educational-psychologist etc) have since 1973 been regulated by the government. The “psychologist” title is only given to those who have gotten an authorization by the Directorate of Health, after completing a six-year integrated science/practitioner study at a university in Norway. If you have education from elsewhere, you must prove that you have an education that matches this in curriculum, and that this education leads you to being able to take on the same broad responsibility as psychologists in the country of study. The Norwegian Psychological Association has no a role in this authorization system, but membership of the Association is given to all those with an authorization.

The six-year education gives the students a broad, general competence in psychology, and they are given practical training in various settings. The main aim of this practice is to train them to utilize their psychological knowledge in novel settings, no matter where they work. Even though the government has

regulated psychologists as a health profession, you can find them in a wide variety of services, since the education has made sure they can adjust fast to demands in new areas of service, new services in established areas, and in the use of new methods.

After the six-year education, that leads to the authorization, psychologists can start a five-year specialization programme that includes fulltime practice, supervision, classroom courses, and a written thesis to prove skills in communicating the integration of all aspects of the five-year education. The most popular specializations are clinical psychology for adults, clinical psychology for youth, community psychology, addiction psychology, neuropsychology and organizational psychology.

This model of collaboration between government, employer and employees has continued to this day. And it has been key to the development of our association and the profession.

The specialization programs are controlled and operated by the Norwegian psychological association. The programs were established by our organization as early as 1954. And since 2000 it has been regulated by law that all hospital departments for mental health must have psychologist specialists in their service. One of our huge breakthroughs in our advocacy for the public's access to our competence.

Rebuilding and forming Norwegian society

The secret to the professions success in Norway is deeply rooted in how Norway as a country was shaped before and reshaped after World War II, and the birth of what is known (at least in Europe) as the Nordic model; the Scandinavian welfare system.

This social model is based on a tripartite cooperation between authorities, trade unions and employer's organizations. It has provided organized labour negotiating access to the authorities, and a predictable and stable working life. Today it is bipartisan agreement that this collaboration between government, employers and employees is the most important factor in Norway's ability to adjust to change, innovate and modernize, in a way that has made Norway into one of the most efficient and adjustable workforces in the world.

This way of collaboration started after the Second world war, when Norway needed to rebuild and become a modern industrial nation. The combination of laws made by Parliament, and agreements between the parties helped

secure a tax system that funded health care for all, free schools and universities, a good retirement scheme, a framework for balancing work and leisure, and all the while staying competitive in an increasing global market.

In this model the trade unions were a key player. And they were considered as equally important to society as the employers and the government. Trade unions were given access to the "closed rooms of power". And consequently, agreements and laws were all promulgated within the framework of this cooperation. Therefore, it became necessary to form strong unions, no matter what part of working life one belonged to.

Since the trade unions were regarded a key player in rebuilding society, and as the door opened to the table where the important decisions were made, making the Psychological Association into a trade union made perfect sense. And actually, all professional societies in Norway are also trade unions.

As early as in 1938 our association showed signs of being a trade union, when we represented a member in the fight for her rights and had our first strike (though just being a handful of members). But it was in the rebuilding and reshaping of society after the Second World War that the role as a trade union really became an important part of the focus of our Association.

This model of collaboration between government, employer and employees has continued to this day. And it has been key to the development of our association and the profession. Because of the agreements we have with the employers we have associations representatives in all services, in the hospitals, in the clinics etc, whom all have the right to use some of their work time to be union representatives and take part in union activities. This means that we can organize local meetings, hold training seminars, and educate a volunteer base that we can build all other activities on.

Without this, our association would not have been so able to recruit so many people to be part of all the aspects of our work. And without that we would not have grown as an association, nor had the opportunity to hire more staff to service the members and society. The basis for our growth as an organization, and as such as a profession, has been the framework being a trade union has given us, in a situation where trade unions was placed as one of the key players in our welfare model. And on that stepping stone we have transformed our organization, and the psychologist profession in Norway.

Reforming mental health

Until 1979 the psychologist profession in Norway only consisted of around 900 psychologists. The education leading to the title “psychologist” was only given in two universities, and with a quite limited number of study places. Two thirds worked in hospitals and the rest in municipal services or private practice. In 2001 we had grown to a little over 2000 psychologists, but something was about to happen that really would spark the profession’s growth.

In the late 1990s a white paper was presented to the Parliament about mental health services in Norway. The conclusion was a devastating blow to the status quo. Basically, it said that the service at all levels was dysfunctional. This was the first time that mental health services made headlines in Norway. And demands for change was mounting. This led to a bipartisan 10-year Mental Health Plan, that had the primary goals to change from centralised hospitals to local outpatient clinics, to increase evidence-based treatment and general quality, and focus on user perspective and autonomy. The changing governments in the ten years that followed used the equivalent to 3.7 billion Euro on the plan. And for the patients in need of specialised mental health services it made a huge difference.

For the psychologist profession this reform gave a huge boost in request for our competence. Within 10 years the number of psychologists working in specialised mental health care grew over 100%. In the year 2001 the law that required psychologist’s specialist came into effect, and psychologists outnumbered psychiatrists soon after.

The Mental Health Plan was a huge success in the specialised services. However, the municipal primary

care services for those in need of help, but who did not qualify for specialised help, had lagged behind. Psychologists in primary care were hard to come by. And people with mild to minor depression and anxiety were left without good services. The Norwegian Psychological Association decided that we needed to change this. And we started advocating for multi-disciplinary team based primary care psychology, easy access, low threshold, prevention and health promotion. The main aim of the strategy was to change the image of how psychologist’s competence could be utilized in society. We wanted to show that the investment that society made in our long and broad education could be taken out in many more ways than traditionally.

Now the Norwegian Psychologists Association, and the psychologist profession, is the go-to place for politicians or other decision makers who need information or backing for suggestions or initiatives, they want to take in health, and many other related areas.

After ten years of advocating, Parliament in 2017 decided that all municipalities must have psychologists in such team-based services; working on health promotion, prevention, early intervention, diagnostics, treatment, and follow up of patients with severe mental health challenges who had been in specialised care. We expect that over 2000 psychologists will be working in such positions within the next 10 years. In addition, within 2025 there will be almost 13,000 psychologists working in health related services in a population of just over 5 million.

Key advocacy points that brought about change

The change in how Norwegian services

within health and elsewhere absorbed a huge number of psychologists and put them in key roles did not happen all by itself. Our main working model in achieving our goals has been that we cannot predict the future, so we must rather advocate for the future we think the population should have. And we must always focus on staying relevant for society. The status we have in Norway today rests on some fundamental pillars that were put in place based on exactly this thinking a long time ago: an integrated scientific/practitioner university degree (that is equal in length, complexity and practical training as the medical doctor education) that makes us super-flexible in the labour market, as to where we can work, and how we can change sectors, and (as medical doctors). We are immediately available to take on responsibility in all health-related services. And the five years specialist education (same length as the specialist education for medical doctors; including psychiatrists), that makes it possible to argue that we are as competent, and often more competent than psychiatrists in approaching mental health challenges.

Internally in the association success also stems from the fact that we prioritized hiring staff with competence in advocacy and policy making. From as early as the 1980s we have also had a full time elected president, and two, part time vice presidents. This has made it possible to work on advocacy in a more professionalized way, building relationships with politicians, establishing trust, developing lobbying strategies, and being tactical in our daily operations to achieve long term goals. We have also utilized knowledge in behavioural science to streamline our advocacy work, making use of psychology and what we know about behavioural change when planning

and implementing advocacy initiatives. As such we facilitate the meetings between good storytellers and decision makers about what works and what not, more often than we bring the top scientists to Parliament with their graphs, numbers and 100 of slides. We also stopped talking about ourselves (the psychologists) all the time, and started focusing on society, on the challenges of the population.

Status of today and looking into the future

Now the Norwegian Psychologists Association, and the psychologist profession, is the go-to place for politicians or other decision makers who need information or backing for suggestions or initiatives, they want to take in health, and many other related areas.

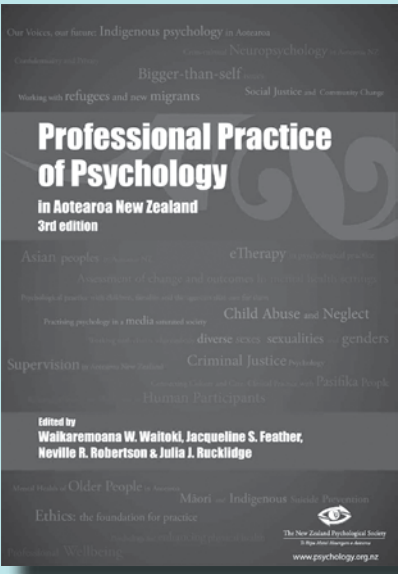
As an association representing all soon to be 10 000 psychologists in Norway our main focus now is on how to secure that we stay relevant for society. In a world moving into the 4th industrial revolution, with artificial intelligence (AI), robotization, and a possible huge change in the way societies organize their workforce, and the framework around labour, we cannot rely on the position as a trade union to secure access to power in the future.

We cannot either be sure that we as a profession will be part of a “grand bargaining” with society where we are given monopoly of tasks, based on the fact that we have knowledge and practical expertise. All professions, will likely face the challenge of routinisation, systematization and digitalization of parts (or almost all) of what they saw as their main function before. And the question will be what will be the tasks left for the professions in a society where information is shared, practical expertise is communised, or equally or better performed by complex machines with artificial intelligence.

To meet this challenge, we have focused on establishing ourselves as a trustworthy partner for all stakeholders, employers, government and Parliament not because we are a trade union, or because we have monopoly on tasks, but in spite of it. In a not so distant future where unions might be redundant, and professions might be less relevant, we will still need knowledge driven development. To strive to be the go to place in such a future is our goal.

To get there we are lucky to have the stepping stones we have been standing on for the last 50 years. And since the change from a unionised society, where professions are the gatekeepers of knowledge and practical expertise, will not happen overnight, but more likely as an evolution, we have time to work to secure our seat at the table in the future.

To be part of our profession and being full time president in such times is truly challenging, but also very meaningful.



Professional Practice of Psychology in Aotearoa New Zealand, 3rd edition

Edited by
**Waikaremoana W. Waitoki, Jacqueline S. Feather,
 Neville R. Robertson & Julia J. Rucklidge**

Professional Practice of Psychology in Aotearoa New Zealand, 3rd edition

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One on One - with Dianne Hendey



Dianne Hendey was invited
as our 'one on one' contributor.

Kia ora koutou

Ko Aorakei te Maunga

Ko Kakahu te awa

Ko Ngati Aerihī te iwi Ko

Mary Anne Keane te tangata

Ko Dianne Mary Hendey au

Kia ora tatou

Mt Aorakei is my mountain

Kakahu is my river

I am of Irish descent

My great grandmother is Mary Anne Keane

My grandmother is Harriet Mary

My mother is Pauline Mary (my father is Bernard)

My daughter is Colette Mary (my son is Cameron)

My granddaughter is Florence Mary (and the other is Phoebe)

I am Dianne Mary Hendey

I failed University Entrance.

So, I went to Teachers' College. Then trained for and taught the deaf. Ten years on I began to wonder whether I could ever go to university. I went to Quest Rapuara to talk to a guidance counsellor. He said because I didn't have maths I could possibly work behind the cosmetics counter in a pharmacy, at a pinch: while I completed a Masters and a Postgraduate Diploma in Industrial Organisational Psychology I was Senior Teaching Fellow for psychology students, which included tutoring in statistics. I am a Chartered Organisational Psychologist.

I spent some years as the Human Resource Development Specialist in the Evaluation Unit of the International Aid Division of the Ministry of Foreign Affairs and Trade. I reviewed and advised about scholarships, education and training. At the time, about a quarter of the scholarships went to women. I reviewed selection processes, assessed education institution effectiveness, analysed outcomes and undertook cost benefit analyses. Once my recommendations were implemented nearly 50%

of scholarships were awarded to women and the return on investment improved significantly. I subsequently worked as an independent consultant (Aid) with people in the South Pacific and Asia for more than twenty years. I am very proud of the women I worked with in the Pacific when they go on to work as independent evaluators. I feel I might have contributed a little.

When Government contracts ceased during the global economic crisis and I had no work, I couldn't quite face being a checkout operator. Instead I spent my savings to train as a psychotherapist. As a younger woman I had prepared to apply to study clinical psychology but got cold feet and specialised in industrial organisational psychology. Training in psychotherapy in my later years reoriented the course of my career, almost and differently back to my earlier direction.

Last year I attended a lecture by Iain McGilchrist and straight away bought his book *The Master and his Emissary: The Divided Brain and the Making of the Western World*. Its cross disciplinary synthesis of theory and research results in

one of the most forward-thinking books of this century.

Compared to when I graduated, psychology in New Zealand has a more diverse membership. Māori, Pacific Island, and Asian peoples' experience the world in their own unique ways. My aspiration is we continue striving to meet our obligations under the Treaty of Waitangi and enhancing our practice by actively, humbly and genuinely enquiring about world views of which we are ignorant.

A major change over time is the breadth, depth and accessibility of personal information. 'Autonomous psychographics/data-scraping, without seeking direct personal permissions for every person's record being used, is predicated upon the harvesting of what should be private data from social networks such as Facebook.' Paul Barrett. I consider this is a major, mostly unrecognised social issue of our age. I believe psychology should focus on raising this issue and working with society as a whole to protect individual information and privacy. At the same time, I wonder how society can harness the ever expanding availability of information and use it respectfully.

I regret that my thirst for knowledge came at the expense of time with my children.

One piece of advice for aspiring psychologists is that 'no' is a challenge.

I wonder what comes next?

***PsychDirect** is a referral search facility that allows NZPsS members to have their practice details accessed by members of the public looking for a psychologist in private practice in New Zealand.*

PsychDirect is linked directly from the NZPsS Home page via the menu item "Find a Psychologist". The listings on PsychDirect are available to NZ registered, Full Members of the Society with a current APC, offering private psychology services in New Zealand.

PsychDirect is searchable by psychology work area, geographic location, and client type and/or psychologist surname. "Additional languages spoken" is a further option which is very helpful when looking for help with specific cultural requirements.

PsychDirect is offered free of charge to all existing and new members.

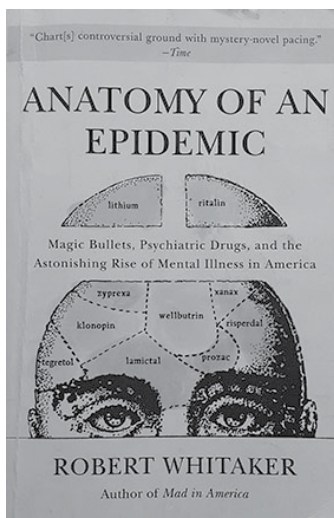


Our two guest reviewers for this issue are well-qualified for what they say about their chosen books. Ann Reynolds reviews *Psychological Science under Scrutiny*, and she teaches graduate-level psychological research methods. Veerle Poels provides a review of *The Resilient Farmer*, and he is a psychologist with a rural client base. Both books are topical and relevant, as are the two books that I have reviewed. *The Death of Expertise* explains why psychologists can feel side-lined by the public and other professionals, while *Anatomy of an Epidemic* could contribute to psychology achieving a central leadership role in responding to people in our community with problems of living.

Peter Stanley- Review Editor, pstanley0@xtra.co.nz

Anatomy of an epidemic: Magic bullets, psychiatric drugs, and the astonishing rise of mental illness in America

Reviewed by Dr Peter Stanley, Counselling psychologist, Tauranga.



Anatomy of an Epidemic is a highly controversial text, and it is also essential reading for anyone with an interest in mental health and wellbeing. How the book came about is a revealing story in itself. Whitaker, who is a journalist and author, was reporting on the ethics of research studies in which patients with schizophrenia

were intentionally taken off medication. This is clearly a significant professional concern if schizophrenia is a major illness that responds best to drug treatment. However, in the course of his investigation the writer discovered that, in the US generally, outcomes for schizophrenia were worsening despite widespread use of medication. Moreover, for patients in poorer countries, where there is much less reliance on psychopharmacology, there tend to be much better personal outcomes. How could such things be transpiring, unless there were some fundamental flaws in how both the complaint and the cure are represented? Thus began this author's quest to examine, and to explain, the long-term outcomes of psychiatric drugs in his country. And Whitaker's ultimate conclusion is that, in aggregate, these psychoactive substances are disabling over time, and they are largely driving the mental health crises that

currently characterise the US and other societies.

This is an extraordinary deduction, but the author suggests that it is fundamentally a matter of contrasting perceptions. He cites the ambiguous perceptual figure of the beautiful young woman and the unattractive older woman (which will be familiar to psychology students). The supposedly attractive vision, promoted by psychiatry, is that there has been a psychopharmacological revolution (which started with Thorazine in 1954), and which has since seen a remarkable succession of drug discoveries for responding to brain-based mental illnesses. The central issue for mental patients, it has been hypothesized, is a 'chemical imbalance' and, specifically, low serotonin levels in depression and a high dopamine presence in schizophrenia. Antipsychotics and antidepressants have been promoted as effectively addressing these abnormalities by acting in ways that resemble the actions of antibiotics against infectious diseases. The much less attractive flipside of this heroic story is that there was no drug revolution in psychiatry, medicated patients do not have better lives over the longer-term, a percentage of drugged patients die 15-25 years earlier than they should, and the chemical imbalance explanation is a fable.

How were such myths disseminated, and such a colossal deceit perpetrated? Whitaker refers to the now well-known complicity in America of psychiatry with pharmaceutical companies, and how academic psychiatrists were fulsomely paid and supported to act as 'thought leaders' (aka as salespeople) for pharmacology. The evaluation studies that were done, though often flawed, were systematically hyped through a willing media. Effectively, a storytelling coalition came together with the necessary money, authority, prestige, and influence to convince the public that psychological conditions are brain diseases requiring medications. The Diagnostic and Statistical Manuals, which have been described as political position papers of the American Psychiatric Association, have played a significant role here

as well by progressively expanding both the boundaries of mental illness and the purview of psychiatry. Implicitly, and less subtly, the message was sent that medical practitioners possess and 'own' pivotal biological understandings about causation and treatment, and that they rightfully deserve higher salary earnings, the top slot on the multidisciplinary team, and the unquestionable power to ultimately determine the nature and quality of mental health interventions.

Anatomy of an Epidemic is far more than an antipsychiatry polemic. It is, in fact, a lengthy and carefully structured historical analysis that combines the scrutiny of multiple research studies and other academic reports with interviews, the assessment of case studies, and site visits to various facilities. As will be expected, Whitaker and his thesis have been subject to some assertive rebuttal from psychiatry. However, he is capable of defending his position, and readers are referred to a recent interchange with his opponents that exists online (Whitaker, 2017). This book is essential reading for anyone who works with clients because every one of us has to have some form of relationship with the predominant biomedical response to problems of living. However, the pressing questions for each of us are whether our chosen relationship is really that beneficial for ourselves as people, for our clients, for psychology as a profession, and for the community that we live in. In effect, is it really the best that we can do?

Reference

Whitaker, R. (2017). Psychiatry defends its antipsychotics: A case study of institutional corruption. *Mad in America: Science, Psychiatry and Social Justice*. Retrieved from <https://www.madinamerica.com/2017/05/psychiatry-defends-its-antipsychotics-case-study-of-institutional-corruption/>

Acknowledgement: Special thanks to Paris Williams PhD, author and clinical psychologist of Tauranga, who brought this book to my attention and who gave me a copy of it.

Anatomy of an epidemic: Magic bullets, psychiatric drugs, and the astonishing rise of mental illness in America

Robert Whitaker (2015)

Broadway Books. ISBN: 9780307452429

420 pp. Paperback (\$22.30, Book Depository)

The resilient farmer: Weathering the challenges of life and the land

Reviewed by Veerle Poels, clinical psychologist in private practice, Whakatane.



Just like John Kirwan's book *All Blacks Don't Cry*, Doug Avery's book reaches out to males, farmers in this case, who suffer or have suffered from depression, or who are close to disappearing into the dark abyss. The New Zealand suicide statistics for people working or living in rural areas (mostly farmers

but also vets for instance) are frighteningly high. It seems that many rural people still believe that their deteriorating mental health is a sign of weakness or "just stress" and asking for help does not fit a 'can-do' attitude. In farming communities, depression lives simultaneously at home and at work because they are one and the same place. It can make recovery complicated.

The Avery family have lived and farmed for generations in the drought stricken south-east of the Marlborough District of the South Island. For many years, Avery addressed a huge number of groups of rural people about the changes he and his family had made in their farming practices when he suddenly realised, after a long farming career, that he could not actually win from nature or from the land. He finally understood that it is a matter of working with rather than against the land, the challenges, and the problems. His understanding came some years after his mental health had hit rock bottom.

In more recent years, Avery started speaking about experiencing depression and the terrible years he and his family had suffered because of this. Avery did what so many farmers do: 'when the going gets tough, the tough get going.' He worked harder and harder trying to control nature and circumstances, and he isolated himself more and eventually ran himself into the ground. In hindsight, and with sometimes coincidental help from insiders and

outsiders, he recognised that what he had gone through about 20 years before had been depression.

Avery uses farming language such as ‘my top paddock’ (his head/mind) and ‘drafting gate’ (choices you can make) to illustrate his mental health journey in a unique way. He introduces and illustrates concepts that have guided him towards resiliency; for instance the ‘circle of concern’ and the ‘circle of influence’, with the latter providing a sense of hope and change and as the place to spend the most time in. He has learnt to accept what he cannot change (for instance concerns and wishful thinking about the weather) and to enlarge his circle of influence by asking himself ‘why’ he acts (or does not) in particular ways rather than ‘how’ he can make things work better (as this often leads to more of the same). Near the end of the book he bridges his experiences with established pillars of mental health. “What was happening in my head ticked all the boxes for how to deal with depression: create hope, connect with people, learn new things, take notice of what’s going on in the world; stay focused on what you can influence” (p. 153-154). Photographs of his property form the backdrop for his insightful remarks and observations. And Avery’s wonderful one-liners and metaphors strike a chord immediately.

Avery does not talk or write as a clinician, but deeply from his personal experience, and he adds only a little bit of clinical jargon to the book when appropriate. Consequently, the story is never read-heavy. Margie Thomson did, as she did with Sir John Kirwan (who by the way provided the foreword here) a superb job of recounting Avery’s struggles and recovery in non-chronological chapters that engage the reader from start to end.

At present Avery is managing his life very well as a resilient farmer (The Resilient Farmer is now a brand in itself). At the end of last year, the Rural Support Trust invited him to speak in Whakatane, with particular focus on the community of Edgecumbe in the Eastern Bay of Plenty where lives and properties were terribly affected by the April 2017 floods. I went to listen to this gifted, witty speaker, who loves to spin a yarn or two. In the audience I recognised friends, neighbours and clients. I soaked up what I considered could be helpful in my work, such as Avery’s farming vocabulary, his belief that you have to work with what you are passionate about rather than change course (often people who suffer depression believe they are unable to work in the field they have chosen and consequently change careers), his strong message to pay attention to the (often forgotten) people who live with or around the person with depression, his philosophy that “you win or learn” (rather than “lose”), his experience of

others not giving up on you, and the need to create tiny windows that allow rays of opportunity to shine through.

The copy of the book I bought that night last year went straight to one of my farmer clients who read the book in one sitting. Until then JK’s book had been his ‘bible’. He told me later that his wife had chuckled every few pages, recognising their own experiences in Avery’s story. Fortunately, my client and his family embraced the challenge laid down by depression many years ago. As a family they have their own story of resilience to tell. Is this book only about and for farmers and rural people? Doug Avery and JK’s stories offer invaluable understanding, empathy, depth, recognition and hope for rural and urban people alike who feel the shadow of depression clouding their sky.

The resilient farmer: Weathering the challenges of life and the land.

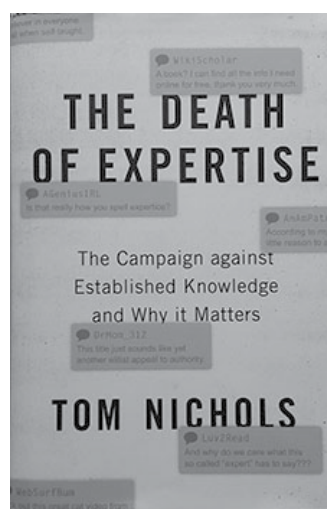
Doug Avery (2017)

Penguin. ISBN: 9780143770787

288 pp. Paperback. (\$30.49. Book Depository)

The death of expertise: The campaign against established knowledge and why it matters

Reviewed by Dr Peter Stanley, Counselling psychologist, Tauranga.



The Death of Expertise is a book for our age that contributes to an understanding of why so few people give psychology its due acknowledgement, despite the arduous years of training that we endure and the good work that we can do. Nichols is concerned with all forms of professional expertise which, he argues, have fallen victim to an aggressive

anti-intellectualism that has flourished in the media, on the Internet, and in university education. While there has always been an undercurrent of resentment towards

experts and ‘ivory tower’ intellectuals, it was the emergence of talk-back radio that first gave the ignorant and the bigoted an equal voice. In its turn, radio was followed by many other mediums and forums, and by the Internet in particular; which the author describes as “a global garden of knowledge” that is submerged under “crabgrass and weeds” (p. 112). President Calvin Coolidge said that the chief business of America is business and, according to Nichols, in his country the commodification of higher education is now largely complete. Students in the United States merely make “repeated visits to an expensive educational buffet laden mostly with intellectual junk food” (p. 74), and the consequence is a dearth of critical capacities and an excess of self-assurance.

The psychological processes underpinning the present malaise are isolation, insulation, confirmation bias, and time pressure: and these factors can give rise to an assortment of negative emotions including self-righteousness and fury. In the early days of television in New Zealand we all watched the same programmes, and they were the subjects of conversations in work places and schools. The media were social (and socialising) experiences. Today, consumers can opt to pursue only those sources and topics that interest them, and this can isolate them from other people and insulate them from other opinions. Confirmation bias is inevitable. Nichols also contends that the Dunning-Kruger effect is in operation, and this means “that the dumber you are, the more confident you are that you’re not actually dumb” (p. 44). Moreover, there are the effects of time pressure for all of us and while we may attempt to fool ourselves and others that surfing the net is ‘research,’ we will often derive nothing more than a pretence of knowledge from this use of our time. Nevertheless, many lay people now believe that they know at least as much as experts on a host of topics, and they hold to their opinions with fervour because they care nothing for alternative viewpoints.

Psychology is especially vulnerable to levelling effects. The subject matter of the discipline is human behaviour and everybody knows about behaviour from the moment they are capable of awareness, just as everyone can speak authoritatively about education because they have been to school. Furthermore, psychological research can confirm commonly held views, in which case it is irrelevant; or its findings are counterintuitive, which means that they don’t make any sense at all. Psychology’s multiple identities do not help much, and neither does the pervasive confusion that exists in the public imagination about the differences between psychiatry and psychology. And as a backdrop to these distractions there are social movements, like

political correctness and postmodernism, that promote unshakeable presumptions about how things should be, or which see science as just another story. These various threats to our legitimacy may have gagging effects on our public pronouncements, and particularly when it comes to providing more nuanced viewpoints on sensitive matters such as domestic violence, alcohol and other drug use, and even about our own professional marginalisation.

Nichols contends that the denigration of the expert, and the triumph of lay opinions, is a pressing threat to our democratic way of life. He says that the mistake that has increasingly been made is to conflate political equality (one person, one vote) with an insistence that everyone’s contribution is of equal worth. This fusing of ideas, which has occurred in the name of ‘fairness,’ has an overpowering emotional appeal. And Nichols advises that personal feelings are now often credited with an indisputable validity that makes them more important than facts. Nonetheless, this text does also contain some cautions about the excesses of experts and, in particular, the potential that exists for them to stray from their scopes of practice. Again, this is an issue of special interest to professional psychology and it is interesting to speculate on why some other disciplines trespass into our domains. One possibility is that the offending practitioners see their transgressions as nothing more than a seemingly logical extension of their own province. Alternatively, they may have a lay person’s ignorance of what psychological expertise can actually provide.

The death of expertise: The campaign against established knowledge and why it matters

Tom Nichols (2017)

Oxford University Press. ISBN: 9780190469412

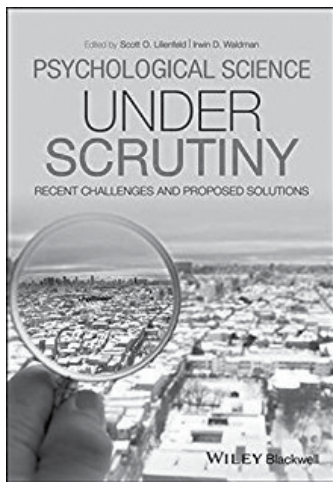
252 pp. Hardback (\$25.28, Book Depository)

Psychological science under scrutiny: Recent challenges and proposed solutions

Reviewed by Ann Reynolds PhD, Teaching Fellow, Department of Psychology, University of Otago.

A not-so-quiet revolution has been taking place in psychological research. Although not solely confined to psychology, it has had its greatest effects in our discipline. Since the heyday of the behaviourists, psychological

researchers have fought to be recognised as ‘hard’ scientists on a par with physicists and chemists. They can also believe that they subscribe to the ‘scientific method’ even more religiously than do other ‘hard’ scientists. Now, with reports that a substantial minority of published research has been shown to lack validity due to bad research design, dubious analysis practices and even deliberate fraud on the part of the researchers themselves, some psychological scientists have turned their investigations upon themselves. This has resulted in an increasing number of papers looking at how we do research.



To keep ourselves honest, all of us doing psychological research need to be aware of these issues. But there is a lot to read out there, and it is difficult to know where to start. Well, this reviewer strongly suggests starting with this book. To all intents and purposes, this is a book length review of current problems within psychological research.

Each chapter reviews and discusses past and present papers linked to the chapter theme and includes extensive reference sections at the end of each chapter. This makes it simple to track down papers that might be useful in a reading list for any course on research methods. Suggestions on how we can mitigate these problems are also included in the text. At least one of these suggestions, pre-registration of experiments, is already operating. The seventeen chapters are divided into three sections: challenges that are endemic across the discipline, challenges that are specific to some sub disciplines, and challenges that are caused by the way psychological research is funded and disseminated. Each of the chapters can be read independently, but reading the entire book does give the reader an excellent overview of the current controversies.

I enjoyed reading this book. For the most part the chapters are well-written and entertaining. There are a couple of more esoteric chapters which require a little more specialist knowledge (abstract logic in one case, and fMRI data analysis in the other), but a reader can skip those without it affecting her/his understanding of the main topics of the book. The ‘replicability crisis’ (i.e. lack of replicability of research findings) is covered in detail in multiple chapters, as is the presence of ‘decline effects’ (i.e. the phenomenon of weakening experimental effects in successive replications).

Problems associated with null hypothesis testing methods are also extensively discussed across chapters. A couple of chapters use case study formats to illustrate how the importance and usefulness of a research finding can be manipulated and amplified by the clever use of media. If you use Implicit Association Tests regularly, or think that Prozac is a wonder drug, I strongly recommend that you read Chapter 10 and Chapter 13 respectively. If you are convinced that we now have good scientific evidence that Psi (telepathy, clairvoyance and telekinesis) exist, read Chapter 14.

The book really comes into its own as a resource for senior undergraduate-level readers and for others who might be contemplating doing postgraduate research. It provides a glimpse into the realities of research, which is something that we older members of academia may be reluctant to disclose to eager and idealistic students for fear of putting them off the idea of research altogether. Some may argue that this would be reason enough not to use this book as a resource in an academic setting but I would argue otherwise. The crisis within our discipline, and to a lesser extent in the other experimental sciences, is real - if perhaps a little overstated. If we wish to retain the level of respect that psychological research still enjoys, we need to be able to stand back and critically investigate our practices both within the laboratory, and within the institutions that provide the financial and professional support necessary to communicate and use our research. This book directs our attention to weaknesses in our methods, and to weaknesses in ourselves as ‘not-so-objective’ scientists. Critical thinking about the ways we design and conduct research, and about how we report and present our results, can only improve the discipline. It should be mentioned, however, that many of the authors who contributed chapters to this book do have successful publication records of writing criticisms about psychological research methods in general and, in some cases, have personally targeted other researchers in their published papers. Those biases that are so well described by the authors in *Psychological Science under Scrutiny* are likely to be operating in their own writings. It therefore behoves us, as responsible readers, to ensure our critical thinking faculties are as active while reading this book, as the authors represented in the book would like them to be while reading any other published material.

If we can start training the next generation of scientists to routinely think critically about their own research and the research of others while still undergraduates and postgraduates, then what is now thought of as a ‘crisis’ will be seen in the future as simply one small glitch in the history of psychological research. The use of this book as

either a required or a recommended text in any course that is designed to teach robust psychological research methods would be a good start toward that goal. Perhaps, during the process of designing a course around issues described in this book, we older, more system-entrenched academics, might learn a thing or two about ourselves as researchers as well.

Psychological science under scrutiny: Recent challenges and proposed solutions

Scott O. Lilienfeld and Irwin D. Waldman, Editors (2017)

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Editorial



Kelly Scott
NZPsS Student Forum Editor

Tēnā koutou ngā tauira o matai hinengaro. Ngā mihi ki a koutou katoa. Nau mai, hoki mai ki te ‘*Psychology Aotearoa* Student Forum’ i tēnei Haratua 2018. Tēnei te mihi nui ki ngā tauira mō rātou kōrero, whakāro, mātauranga. Ko tau rourou, ko taku rourou, ka ora ai te iwi.

I have really enjoyed working with tauira across the motu to bring you this Student Forum. As tauira who are pukumahi with classes, research, deadlines, and placements, it can be easy to get stuck in our silos and forget that other tauira exist on different psychology journeys and in different programmes to our own. As tauira, we are fortunate to be at the cutting edge of new knowledge and ideas within the field of psychology. Whilst we may feel like we know nothing at times, this exposure to new knowledge and ideas is often what separates us from our qualified and experienced colleagues in the field. Mā te tuākana te teina e tōtika, mā te teina te tuākana e tōtika. Our more experienced tuākana learn from us as teina, as much as we learn from them. This Student Forum celebrates this reciprocity of knowledge and ideas.

I am delighted to bring you a diverse range of student mahi in this Student Forum which showcases emerging and growing topics of interest within the field of psychology. First, Kyle Tan from the University of Waikato/Te Whare Wānanga o Waikato discusses LGBTQ psychology in Aotearoa and his involvement in the Aotearoa New Zealand (NZ) Trans and Gender Diverse Health Survey as part of his PhD. Gloria Fraser from Victoria University/Te Whare Wānanga o te Ūpoko o te Ika a Māui then discusses her experiences of working with rainbow communities as a straight, cisgendered woman. Gloria’s PhD examines the experience of queer and transgender people who access mental health support in Aotearoa.

Moving to a focus on mindfulness, Luke Sniewski who is completing his PhD at AUT University discusses mindfulness as a catalyst for behavioural change. His PhD examines the experiences and effectiveness of mindfulness meditation as an intervention for adult heterosexual men with self-perceived problematic pornography use. Mona Ghanbari from Massey University/Te Kunenga ki Purēhuroa is also conducting research in the field of mindfulness. Her article outlines her PhD research on what mindfulness rating scales actually measure.

The final three student pieces are diverse in their topics. Debbie Sutton

presents a summary of a recent NZPsP workshop on Working Effectively with Refugees and Asylum Seekers. Debbie is currently completing her Master of Educational Psychology at Massey University/Te Kunenga ki Purēhuroa on the educational experiences of refugee background learners in the NZ context. Lenore Tahara-Eckl from the University of Auckland/Te Whare Wānanga o Tāmaki Makaurau) discusses visual attention and how individuals deal with distracting information. She is currently completing her Masters of Science in Psychology. Lastly, Linda Fatialofa presents a poster from her Honours' research on The Revised Screening Scale for Pedophilic Interests. Linda is currently working towards a Master of Science in Forensic Psychology at Victoria University/Te Whare Wānanga o te Ūpoko o te Ika a Māui.

I hope these student pieces give you a chance to step outside your individual lab, cohort, university silo, place of work, or practice and contemplate something new. Thank you to our student contributors for sharing their mahi with us. If you are interested in contributing to Student Forum in the November issue of Psychology Aotearoa, please do not hesitate to get in touch.

Kia kaha, kia maia, kia manawanui.

Mauri ora

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LGBTQ psychology in Aotearoa

Kyle Tan



Originally from Malaysia, Kyle Tan has a Chinese whakapapa. In 2016, he completed a Bachelor of Science with Honours at the University of Waikato, majoring in community psychology. He decided to continue with a PhD after being invited to take part in Dr Jaimie Veale's project - Aotearoa Trans and Gender Diverse Health Survey, which aligns closely with his research interest in the rainbow communities (communities of diverse sexualities and genders). He has just recently passed his confirmed enrolment, and is currently doing some promotional activities to recruit participants for the survey he will discuss in his article. During his time in Malaysia, he was an active volunteer in the local rainbow community organisations. He also went to India on a HIV awareness project because it is a pertinent issue in the rainbow communities. In addition to his research commitments, he is also regularly involved in the Rainbow Alliance group at the University of Waikato, which supports staff and students of rainbow communities, and provides a forum for networking, discussion and progression of rainbow issues.

Where am I in psychology?

I have always been grappling with finding a place in mainstream psychology. Community psychology is the closest branch of psychology to which I can associate my identity and interest. Community psychology targets social issues with an interdisciplinary approach, and provides empowerment to individuals and communities who are marginalised by society. Particularly, I favour the research approach of community psychology, which encourages the engagement 'with' the communities, rather than researching 'on' the communities. With a research interest in rainbow communities, I can foresee the beneficial outcomes of providing a platform for the communities to raise their concern in the research design. While studying the impacts of societal oppression on the wellbeing of rainbow communities through the lens of community psychology, I came across a relatively new branch of psychology that I could connect passionately with – LGBTQ psychology.

LGBTQ psychology and social determinants of health

LGBTQ psychology, or 'lesbian and gay affirmative psychology' in the 1980s, is a branch of psychology 'concerned with the lives and experiences of LGBTQ people' (Clarke, Ellis, Peel, & Riggs, 2010). It seeks to challenge societal prejudice and discrimination against rainbow-identified people, and the privileging of heterosexual (people who are sexually attracted to the opposite gender) and cisgender (people whose gender identity matches their sex assigned at birth) identities in psychology. It also seeks to counter the erasure

of rainbow communities by promoting non-heterosexist, non-cisgenderist and inclusive approaches to psychological research and practice.

A comparative approach is commonly used in LGBTQ psychology to accentuate the health disparities arising from social determinants of health (SDHs) relating to sexual orientation (Logie, 2012) and gender identity (Pega & Veale, 2015). The World Health Organisation (WHO) defines SDHs as 'the conditions in which people are born, grow, live, work and age' and that are 'shaped by the distribution of money, power and resources' (WHO, 2018). Health disparities among rainbow communities arise when SDHs are not distributed equally. Although sexual orientation and gender identity do not determine health, these factors stratify the population into differential exposures to SDHs. For example, people of rainbow communities are more likely than heterosexual cisgender people to report worse health outcomes because of the greater exposure to social exclusions. One of the most influential theoretical frameworks used to explain the impacts of unequal distribution of SDHs is the minority stress model (Meyer, 1995, 2003). This model proposes that societal oppression in the forms of prejudice, stigma, homophobia, transphobia, discrimination and violence will create a stressful social environment for the rainbow communities. When the amount of stress exceeds the capacity for minority groups to adapt and endure, there is potential to induce health problems.

Progression of LGBTQ psychology in Aotearoa

Dr Jeffery Adams from Massey University highlighted the importance of LGBTQ psychology as a distinctive branch of psychology in Aotearoa at the Summer Institute for an International Psychology of Sexualities.

I think it would be important that an LGBT psychology wouldn't get captured by some other branch of psychology, because what I see at this institute is that people are saying 'I'm a social psychologist' or 'I'm clinical'. You hear very few people saying, for example, 'I'm a critical health psychologist'. So I wouldn't want to feel marginalised in an LGBT psychology that was dominated by one particular way of looking at the world. (Adams et al., 2010, p. 80)

In Aotearoa, the rainbow communities who consist of Lesbian, Gay, Bisexual, Transgender, Takatāpui, Queer, Intersex and Asexual (LGBTQTQIA) people are often given little or no consideration within population-based research. For instance, the absence of questions on sexual

orientation and gender identity in the 2018 New Zealand census highlighted the perpetuation of invisibility of the rainbow communities. Consequently, there is scant statistical data available to reflect the need and wellbeing of these communities in Aotearoa. Simultaneously, very few psychology researchers in Aotearoa have undertaken research with the rainbow communities. However, Treharne and Adams (2017) pointed out that many psychology researchers did not deliberately exclude rainbow communities as their participants, but instead researchers commonly overlook the need to address the health issues of these communities and lack the confidence to include questions that ask participants to indicate their sexual orientation and gender identity. Until researchers are competent in conducting LGBTQ psychology research, it is likely that rainbow communities will continue to be overlooked in research, which in turn causes limited funding allocated for rainbow programmes.

Particularly, I favour the research approach of community psychology, which encourages the engagement 'with' the communities, rather than researching 'on' the communities.

Some of the current researchers in Aotearoa in the area of LGBTQ psychology include Dr Jeffery Adams who works on safe sex practices among gay men, Dr Gareth Treharne who works on LGBTQ psychology research methodology, Dr Jaimie Veale with an expertise in trans health, Dr Sonja Ellis who is one of the authors of LGBTQ Psychology textbook (Clarke et al., 2010) and other researchers. They have contributed meaningfully in filling the gap in literatures on health and wellbeing of the rainbow communities.

Meyer (2010) critiqued the usage of a label to refer to a single population. In this instance, rainbow communities as a category often erroneously connotes White (or Pākehā) middle class and urban people of rainbow communities. Knowledge about indigenous, underprivileged, and rural people of rainbow communities thus suffers from a paucity of research due to a plenitude of stereotypes and misconceptions. There is a need to complement LGBTQ psychology by employing the intersectional theory to understand the experiences of rainbow communities who are oppressed under multiple axes of inequality (e.g., racism, sexism and other exclusions), in addition to heterosexism and cisgenderism (Meyer, 2012).

Relating LGBTQ psychology to my PhD research

While health disparities between people of rainbow communities and heterosexual cisgender people have been

well documented in the international literature, there is much less robust knowledge on this issue in Aotearoa (Treharne & Adams, 2017).

My PhD research proposes to expand on the statistical data available for the rainbow communities, with a specific focus on trans and gender diverse (TGD) people in Aotearoa. The importance of conducting TGD research in Aotearoa is demonstrated through the high number of TGD high school students in the Youth'12 national survey (Clark et al., 2014). The Youth'12 asked 8500 high school students in Aotearoa the question "Do you think you are transgender?", and 1.2% answered yes to the question, and a further 2.5% reported being not sure about their gender identity.

'Trans' is the shorthand for 'transgender' and 'transsexuals' that refers to people whose gender identity does not conform to what is typically associated with the sex assigned to them at birth. 'Gender diverse' describes people expressing gender non-conformity, who may redefine their gender outside the gender binary constructs of men and women, such as non-binary and androgynous people (Adams et al., 2017). Diversity in gender is also portrayed through indigenous Māori cultural norms, such as takatāpui (inclusive Māori term for people with diverse genders or sexualities), whakawahine (a person assigned male at birth with the spirituality of a woman) and tangata ira tane (a person assigned female at birth with the spirituality of a man) and Pacific cultural terms, such as fa'afafine, akava'ine, fakaleiti, fiaffine, and vakasalewa, which translate roughly to 'in the manner of a woman'. These cultural terms are however best understood in their specific cultural contexts.

My research is linked to a larger project, the Aotearoa New Zealand Trans and Gender Diverse Health Survey. This survey is an initiative by Dr Jaimie Veale, for which she has obtained funding from the Health Research Council of New Zealand. The objectives of this survey include collecting information on a broad range of physical and mental health disparities of TGD people, along with the risks and protective factors contributing to the health disparities, and their experiences of accessing general and gender-affirming healthcare.

In order to identify the health disparities between TGD sample and the general population in Aotearoa, my research team and I adopted questions from multiple Aotearoa population-based health surveys such as the 2015/2016 New Zealand Health Survey, the 2016 New Zealand Mental Health Survey, the 2014 and 2016 New Zealand General Social Surveys, the 2013 Te Kupenga: Māori Well-being survey, and the 2012 Youth 2000 Survey. There are also specific questions designed for TGD population, which

were drawn from the 2017 Europe Trans Health Survey, the 2015 U.S Transgender Survey, and the 2008 Ontario Trans Pulse.

In Aotearoa, differences in values across Pākehā and indigenous Māori cultures mean western definitions of health are inadequate to many local contexts. In response to reflecting Māori health in a holistic manner, we selected an indigenous Māori health model - Te Pae Māhutonga (Durie, 1999) to frame the survey questions for our research. Questions were included to delineate the four key bases of health, which include mauriora (cultural identity and access to Māori world), waiora (environmental protection), toiora (wellbeing and healthy lifestyle), and te oranga (participation in wider society). These bases of health are to be facilitated by ngā manukura (leadership) and mana whakahaere (autonomy). Although Te Pae Māhutonga focuses on Māori health, these constructs of health promotion have been found to be applicable to other New Zealanders (Durie, 2004).

We also recruited 10 TGD people who are currently living in Aotearoa to form the community advisory group (CAG). Members of CAG contribute their knowledge based on their personal experiences throughout all stages of the research, from the designing and reviewing of the survey questions (content of the survey and item wording), data collection and data analysis. They also assist in the recruitment of participants and dissemination of the findings through their pre-established networks (e.g., TGD peers, trans support groups or trans community organisations). The survey design has also incorporated insight from people of Māori and Pacific communities, trans health academic researchers, health professionals, and researchers from government agencies, to ensure concerns related to being trans and non-binary are adequately covered, and the outcomes have maximum implications for improving health policies.

Current research phase

At this moment, we are working on creating promotional materials and establishing social media platforms to disseminate word of our survey - the Aotearoa New Zealand Trans and Gender Diverse Health Survey. We anticipate launching the online survey at the end of May 2018. However, we will also be preparing paper-form survey for the ease of participants without internet access. You may follow our official webpage - the Aotearoa New Zealand Trans and Gender Diverse Health Survey on the University of Waikato website <http://www.waikato.ac.nz/staff-profiles/people/jveale/aotearoa-new-zealand-trans-and-gender-diverse-health-survey> or facebook page <https://www.facebook.com/aotearoa-new-zealand-trans-and-gender-diverse-health-survey>

facebook.com/NZTransHealthSurvey/ for the latest update on the survey. I, on my behalf of my research team would also like to thank Psychology Aotearoa for permitting us to promote our survey among fellow psychologists in Aotearoa.

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Conducting ethical 'outsider' research: Reflections on working in rainbow communities as a straight, cisgender woman

Gloria Fraser



Gloria Fraser (Ngāi Tahu, Ngāti Māmoë) is a PhD and clinical psychology student at Victoria University of Wellington. She is particularly interested in the intersection of gender, sexuality, and clinical psychology. Gloria is part of the Youth Wellbeing Study, and works as a senior research assistant for the New Zealand Attitudes and Values Study. When not in her office, you will find her having a boogie at her local Zumba class, practising her (slowly progressing) te reo, or lavishing compliments on her outstandingly beautiful cat, Poppy.

Like many others in the field of psychology, I am drawn to research that calls attention to prejudice and discrimination, challenges structures of power and privilege, and ultimately aims to improve the lives of others. My PhD research uses mixed methods to examine the experience of queer and transgender people who access mental health support in Aotearoa. I plan to use my findings to create a resource for mental health professionals, to inform their work with rainbow clients.

One year into my PhD, one of the biggest challenges I have encountered so far has been my own anxiety around my position within the research. I identify as a straight, cisgender¹ woman, meaning that I approach this research from the perspective of an 'outsider' (in contrast, an 'insider' is a researcher who personally belongs to the group to which their participants belong). Here, I reflect on the reasons for my discomfort around positioning, and outline the steps I have taken to ensure my research benefits the communities I am working with. Although I focus predominantly on qualitative research, these reflections are also relevant for those collecting quantitative data. My hope is that this article will be of use to others studying the experiences of groups they are not a part of. I welcome any feedback as I continue my PhD journey – please email me at Gloria.Fraser@vuw.ac.nz with

¹ This means that my gender (woman) aligns with the sex I was assigned at birth (female).

your thoughts or comments.

A short history of insider/outsider positioning in qualitative research

Before the mid-twentieth century, theorists in psychology commonly believed that conducting research from an outsider perspective was preferable to that of an insider, as researchers outside of the group under study were able to be 'objective' in a way that insiders could not (see for example, Schuetz, 1944). Those who became 'overly familiar' with the groups they were working with were accused of 'going native', or of having their objectivity 'polluted' (Hellawell, 2006). These early understandings of insider/outsider positioning were typically based on a positivist notion of reality, which assumes the existence of a single truth, independent of the knower.

... no researcher can be 'objective', regardless of insider or outsider status, as it is impossible to step outside of our cultural context.

Researchers working within critical, feminist, and poststructuralist paradigms have challenged the idea of scientific neutrality, rejecting the assumption that there is a single 'reality' to be observed. Rather, "the researcher's own experiences, values, and positions of privilege in various hierarchies have influenced their research interests, the way they choose to do their research, and the ways they choose to represent their research findings" (Harrison, MacGibbon, & Morton, 2001, p. 325). As such, no researcher can be 'objective', regardless of insider or outsider status, as it is impossible to step outside of our cultural context.

Few researchers continue to assert that objectivity is attainable, or even desirable, in qualitative research. There are, nonetheless,

ongoing conversations within the literature about the advantages and disadvantages of insider versus outsider positioning. An insider, for example, may find the process of recruitment easier than outsiders, and may gain participants' trust more readily (Dwyer & Buckle, 2009). Because insider researchers share the experiences of their participants, they may also ask questions that might not occur to outsider researchers. On the other hand, insider researchers may take for granted familiar aspects of their participants' experience, rather than viewing them as worthy of analysis. In contrast, outsider researchers may act as 'phenomenological strangers' who are better positioned to unpack these 'taken for granted' aspects of participants' experience (Sparkes, 1994).

Research with marginalised groups

The question of whether outsiders should conduct research with stigmatised or marginalised groups has been particularly controversial. One concern is that outsiders may employ pathologising frameworks of understanding in their work. For example, many early studies of sexuality within the field of psychology focussed on the 'causes' of queer identities, subscribing to a disease discourse where being straight was viewed as the norm and anything else as illness (Kitzinger, 1999). Although outsider researchers can circumvent this by adopting theoretical frameworks that explicitly challenge structural discrimination, their work may still disempower marginalised groups by exposing them to potential misrepresentation, or by reinforcing perceptions of dependency. Bell Hooks (1990) describes the ways in which privileged researchers have historically othered marginalised groups:

Often this speech about the "Other"

annihilates, erases: "No need to hear your voice when I can talk about you better than you can speak about yourself. No need to hear your voice. Only tell me about your pain. I want to know your story. And then I will tell it back to you in a new way. Tell it back to you in such a way that it has become mine, my own. Re-writing you, I write myself anew. I am still author, authority. I am still the colonizer, the speaking subject, and you are now at the center of my talk." (p. 343).

Prior to applying for my PhD, when I was considering mental health service provision in rainbow communities as a potential topic, I returned to this quote frequently. I was torn between a pull to conduct research that was urgently needed, and a fear that I would become the colonising researcher that Hooks describes. Reading Alcoff's (1991) work on the problem of speaking for others, I resonated strongly with the questions she posed: "If I don't speak for those less privileged than myself, am I abandoning my political responsibility to speak out against oppression, a responsibility incurred by the very fact of my privilege? ... Is my greatest contribution *to move over and get out of the way?*" (p. 8, emphasis in original).

At this time, I was aware that several queer and trans academics and postgraduate students around New Zealand were conducting valuable research in the area of rainbow mental health (kia ora Dasha and Irie!). Given the dearth of literature in this area, however, there was a call for considerably more work to be done. I felt that placing the responsibility of conducting this research entirely on the shoulders of the rainbow community was not only unrealistic, but was absolving straight and cisgender researchers of their responsibility to challenge queerphobia

and transphobia within their fields.

I was also heartened to read literature exploring the idea of multiple insider/outsider positionalities, which suggests that the boundaries between ‘insider’ and ‘outsider’ are not as clear as theorists once thought. Because our identities are multidimensional and ever-shifting, Villenas (1996) claims that, “as researchers, we can be insiders and outsiders to a particular community of research participants at many different levels and at different times” (p. 722). Similarly, Dwyer and Buckle (2009) argue that we must challenge the dichotomy of insider versus outsider status. They posit that researchers may never fully occupy either one or other of these positions, but may only ever occupy ‘the space in between’, or that of an insider-outsider.

I was also heartened to read literature exploring the idea of multiple insider/outsider positionalities, which suggests that the boundaries between ‘insider’ and ‘outsider’ are not as clear as theorists once thought.

Although no researcher can be fully described as an ‘insider’ or ‘outsider’, it is nevertheless crucial that we challenge conventional scientific ideas of distance and objectivity, and employ methods that disrupt exploitative relationships between researchers and participants. For me, the practices of reflexivity and community consultation have been essential components in my PhD research. This is not to say that I always get it right, or that my discomfort with my position has disappeared completely, but that to me, ethical outsider research is about taking active steps to conduct research that benefits, rather than exploits, the communities we work with.

Step 1: Be reflexive

Reflexivity, or ‘to bend back upon oneself’ refers to “critical self-reflection of the ways in which researchers’ social background, assumptions, positioning and behaviour impact on the research process” (Finlay & Gough, 2003, p. ix). Unlike reflection, which takes place following an experience, reflexivity occurs before, during, and after research is conducted. Reflexivity helps to enhance understandings of the topic under investigation, and explicitly acknowledges that research findings are (1) anchored in the social context, and (2) co-constituted by researchers, participants, and the relationship between research and participant (Berger, 2015).

Reflexivity is about being open about who we are and what motivates us to choose the work we do, which can feel a bit uncomfortable at times. It might involve writing a preface to your thesis about your positioning, or incorporating

reflexive analysis throughout your work. Keeping a reflective journal while conducting the research can help with reflexivity during writing, as you will be less reliant on your (potentially hazy) memory. In the course of writing up my first study, I returned to my reflective journal to find a series of dreary, self-critical entries. I realised I had only written in my journal when something had gone wrong, or when I felt disheartened about my research – going forward, I aim to learn from my mistakes and document my celebrations, as well as my missteps.

Step 2: Consult with, and give back to, communities

Collaborative research approaches (including community-based research, participatory action research, and kaupapa Māori research) highlight the importance of treating communities as active agents, rather than passive subjects, and working with, rather than on people (Israel, Schulz, Parker, & Becker, 1998). As part of these approaches, community members are involved in the design and implementation of the research process. Consulting with community members is not, however, restricted to any particular methodology, but can enhance the relevance and usefulness of any study. Consultation with the community you wish to work with usually involves reaching out to community leaders or organisations to arrange a meeting, then asking for guidance about your research questions, recruitment, and proposed research methods. For me, this involved connecting with organisation such as Gender Minorities Aotearoa, InsideOUT, and UniQ for their input and advice.

Community consultation can be a delicate balance. On one hand, it is important to consult with the groups you plan to work with, to ensure that your research is relevant and sensitive to their needs. On the other hand, community leaders are often overworked and under-resourced. They are unlikely to be paid for consulting about research, so it is important to be educated about the topic before you meet, and to invite them to decide what level of involvement is most appropriate. Community consultation is not a tick box, but should be ongoing throughout the research process, and it is important to feed findings back to community consultants in the format of their choice.

As well as consulting with communities, ethical research involves giving back to communities. As researchers, we benefit significantly from the work that we do, even if we do not pursue research for this reason. We receive qualifications, grants, and scholarships, and publish academic work. All of this furthers our careers, opening up new employment opportunities. Giving back is about more than offering a koha to participants or community advisors

(though this is, of course, important!). It could involve volunteering with an organisation you are working with, helping out with a working bee, fundraiser, or other event, delivering talks or workshops, or publicly supporting community causes at a march or protest. This kind of involvement outside of research can also be a great way to remind yourself why you do what you do, and to get away from the university from time to time. If you are Wellington-based and are interested in supporting the gender diverse community, shop or volunteer at Aunty Dana's Op Shop, 128 Abel Smith Street (see Figure 1).



Figure 1. Aunty Dana's Op shop at 128 Abel Smith Street, Wellington.
Photo by Abi Wi-Hongi.

In sum, I hope that this piece has given fellow researchers food for thought about breaking out of the ivory tower and challenging conventional methods of conducting psychological research. Engaging in reflexive analysis and community consultation can be a scary prospect, especially for those of us accustomed to hours of fun running stats from the safety of our office; but if we want to make a difference, we must acknowledge that, as scientists, we bring aspects of ourselves into all of our research-related decisions, and have a lot to learn from the communities we study. Nā tō rourou, nā taku rourou ka ora ai te iwi! Ngā mihi nui ki a koutou.

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Mindfulness meditation as a catalyst for behavioural change

Luke Sniewski



A former professional football player and Certified Public Accountant, Luke Sniewski found his passion for life diving into the diverse realms of healthy living. With credentials in personal training, soft tissue therapy, nutrition, and cooking, his client-centred approach empowers people to make productive changes in their life via movement, lifestyle and mindfulness strategies. He has over a decade of experience in the health and wellness industry working with a variety of clients and travelled around the world making a documentary series on healthy living in different cultures. Luke currently lives in Auckland, where he recently completed his Post Graduate Diploma in Health Science, with an emphasis in Drug and Alcohol Studies. He keeps himself busy balancing being a father and a PhD student at AUT, where he is examining the

experiences and effectiveness of mindfulness meditation as an intervention for adult heterosexual men with self-perceived problematic pornography use.

The traditional practice of mindfulness meditation has existed for thousands of years, but the teachings of mindfulness meditation have recently surged in popularity within personal, corporate, and academic landscapes (Shonin, Van Gordon, & Griffiths, 2015). Today's trendy soup-du-jour, seems to involve more and more people taking a few moments out of their busy days to sit cross-legged and focus on their breath. The reasons for doing this, however, are myriad. Stress reduction, better sleep, and improved focus are just a few of the benefits that meditation practitioners hope to gain from their consistent investment in the practice. But mindfulness, and specifically meditation, can actually be much more than just a few health benefits; though most would agree that those benefits are reason enough to at least try meditating. In the world of psychology, meditation represents a powerful tool that can complement the work of therapists or clinicians.

Mindfulness has been defined as consciously and nonjudgmentally paying attention to the present moment (Marcus & Zgierska, 2009). Mindfulness encourages awareness and acceptance of thoughts, feelings and bodily sensations as they arise, and recognition of their constantly changing and impermanent nature. Meditation practitioners are taught to *acknowledge, observe and accept* their internal experience rather than to change, suppress, or react to it. That sounds easy and simple enough, but in the world of behavioural change that can be anything but comfortable. Sometimes the present moment – and all the unwanted thoughts, negative emotions, and unpleasant body sensations that come with it – is simply too

uncomfortable to bear. So many of us (present company included) tend to do what we have always done to cope and that is avoid.

Avoidance is not always a bad thing as sometimes it is the choice that makes the most practical sense in the moment. But if avoidance is someone's only strategy for managing the many stressful moments of life, then it could spell problems in the long-term. It should not come as a surprise that roughly 70% of substance abuse relapses result from unpleasant emotions and physical discomfort (Shafiei et al., 2014). And it is certainly not only in the field of substance abuse where this is relevant. Research also shows that when individuals self-identify with problematic pornography use, their consumption may be a maladaptive coping strategy and form of experiential avoidance, which is an effort to cope with and manage unwanted thoughts or negative feelings (Wetterneck et al., 2012). When the realities of abstinence or reduction reveal an internal state that can be fraught with pain, discomfort, or immense craving, sometimes avoidance via substance use or via engagement with self-soothing behaviour may seem like the only way to find relief, even if only for a short time. Clinical or not, behavioural change is hard. Avoidance can seem like the easier choice, even though the coping strategy itself leads to additional harm. Here is where the practice of meditation can have tremendous benefits.

Meditation does not create change by itself. In fact, meditation is actually the opposite of change, tasking the individual to focus their attention on calmly and non-judgmentally accepting whatever the present moment

may look or feel like, without trying to change, control, or adjust that experience in any way. With meditation, you stop avoiding and face what you have been running from so that when you face discomfort in everyday life, you will have already practiced sitting with and observing those uncomfortable internal states. When it comes to behavioural change, the desired outcome from meditation is the improved capacity for more conscious and productive decisions.

Mindfulness encourages awareness and acceptance of thoughts, feelings and bodily sensations as they arise, and recognition of their constantly changing and impermanent nature.

Meditation is a natural complement to many psychotherapeutic methodologies and interventions. As opposed to being cognitive and intellectual, meditation is more experiential, which means it can be used alongside other cognitive-based therapies, like acceptance and commitment therapy or cognitive behavioural therapy as a complementary tool. In a sense, mindfulness meditation serves as a practical training ground – we can call it working in the trenches – where individuals can practice and rehearse non-reactively observing and being with cravings, urges, and unwanted thoughts (Marlatt & Chawla, 2007; Bowen et al., 2006). Since more than 50% of lapses and relapses can be credited to high-risk situations – namely negative emotional states and cravings or urges to use (Larimer, Palmer, & Marlatt, 1999) – developing and strengthening emotional regulation skills and body sensation awareness are important goals in the treatment of substance dependence and compulsive behaviours (Berking et al., 2011). The enhanced ability to objectively observe one's own

internal experience sets the conditions necessary for the individual to learn productive ways of responding to their internal experience so that emotional instability and impulse control difficulties stop perpetuating the cycle of reactive consumption (Kuvaas et al., 2014; Dvorak et al., 2014).

Mike Tyson, one of the most famous professional boxers of all-time, said that everyone has a plan, 'until they get punched in the mouth'. When it comes to behavioural change, you can prepare the best possible plan alongside the world's most prominent experts, but once you leave the safe space of our home or therapist's office, it's the stresses of everyday life that provide the proverbial punches to the mouth. Taking the time to create detailed and personalised plans are certainly worthwhile, but without the practical application that meditation can provide, it can be an endless cycle of self-sabotage if the underlying behavioural triggers are not addressed. What the individual really needs in their everyday life – outside of their safe space – is improved self-regulation and self-management skills, and those are exactly the qualities that meditation can nurture. The silence and stillness of meditation provide the perfect backdrop for cultivating improved self-regulation and self-management skills.

Meditation develops and trains various mental and attentional skills that can help the individual productively manage their moment-to-moment experience. Meditation allows individuals to be more sensitive to their surroundings and promotes productive thought processes and behaviours (Langer, 2004). Specifically, mindfulness theory addresses the two basic ingredients that form the foundation of all mindfulness-based approaches – awareness and acceptance – in relation to the context

of the present moment and how these qualities improve sensitivity to internal and external environments (Demick, 2000; Langer & Moldoveanu, 2000). Attention and awareness seem to work synergistically to enhance capacities for information gathering, developing insight, and facilitating adaptation to the ever-changing variables of life (Brown et al., 2007).

Meditation also cultivates the skill of focus and concentration, which has been shown to improve cognitive functioning and memory (Mrazek et al., 2013), makes it easier to sustain voluntary attention (MacLean et al., 2010), and draw attention away from the past and future during current decisions (Hafenbrack, Kinias, & Barsade, 2014); all of which are important to self-management and self-regulation. Lastly, meditation has been associated with reduction in stress and mood disturbances (Birnie, Speca, & Carlson, 2010) and increased self-compassion (Baer, Lykins, & Peters, 2012). All of these mental and attentional skills contribute to an individual's ability to make constructive decisions from moment-to-moment.

Meditation may not be the holy grail of interventions, but it provides a relatively safe environment in which individuals can turn their attention inward towards the thoughts, emotions, and body sensations that drive unconscious, reactive, and problematic behaviours.

It is worth noting that a meditation practice can be a lot harder and more challenging than an individual bargained for. That is because being more present can be particularly uncomfortable, especially for someone new to meditation. When unpleasant internal experiences have been the driving force of reactive behaviours for a long time, settling into a sense of

stillness to face those experiences should be done patiently, carefully, and safely. It is helpful to liken meditating to settling into a hot bath. If you just jump into the hot water, you will scream in pain, and possibly burn yourself. Better to enter the bath slowly, one body part at a time, giving each part time to acclimate to the temperature of the water before submerging completely. If you approach your bath slowly and mindfully, it can be a soothing and relaxing experience, as opposed to potentially damaging or traumatising.

Meditation may not be the holy grail of interventions, but it provides a relatively safe environment in which individuals can turn their attention inward towards the thoughts, emotions, and body sensations that drive unconscious, reactive, and problematic behaviours. Meditation represents the brave and courageous journey inward, where we come face-to-face with the thoughts and sensations that trigger bad habits and prevent us from making the meaningful changes that we want for ourselves.

With meditation we become more aware of, and comfortable with, our internal states. We learn to trust that the present moment is safe and that whatever we are feeling or experiencing will eventually pass, no matter the experience. Ultimately, this journey is about taking back responsibility for our lives and creating a more conscious way forward. And is that not what all of us really want? Is it not the goal of every psychological intervention to improve the client's capacity for self-awareness, self-management, and self-regulation? Given how important the awareness of our internal experience is to behavioural change, it's well worth the initial discomfort diving into the deep end of meditation.

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Mindfulness and expectancy effect

Mona Ghanbari



Mona Ghanbari is a PhD student in Psychology at Massey University in Albany, Auckland. She is originally from Iran and has been living in beautiful Aotearoa for two years. Mona started her doctoral journey in 2016. She has more than six years experience working in the field of mental health. Her professional history includes positions such as project assistant, psychologist, counsellor, youth worker and teaching assistant. Mona's PhD thesis is on "What do different mindfulness rating scales actually measure?" She is intrigued by mindfulness and the problems of measurement. Whether simply using the label "mindfulness" will improve self-reported mindfulness as well as other well-being measures?! Her Masters' thesis was on "The relationship between early maladaptive schemas, personality characters and styles of emotion in the couples on verge of divorce and normal couples". She is pleased to have passed with an A.

Introduction

In the last two decades, there have been changes in people's tendency to use psychological treatments to help with various problems. Nowadays a shift in focus is on mindfulness and it has risen exponentially as the volume of mindfulness-related publications has risen over the past two decades, resulting in nearly 500 new publications in 2012 alone (Black & Slavich, 2016). The purpose of this article is to give an overview of my PhD research. The focus of my research is on mindfulness and expectancy effect. Accordingly, this article will focus on examining the validity of the facets of mindfulness in its self-report questionnaires.

What is mindfulness?

The word *mindfulness* is the translation of Buddhist term *sati* into English. Actually, it is a concept meaning awareness, attention and remembering (Segal, Williams, & Teasdale, 2013). Various definitions for mindfulness have been proposed. Mindfulness means "being consciously aware of the present moment in a non-judgemental way" (Kabat-Zinn, 2014). Another description of mindfulness is "the

observation of the ongoing stream of internal and external stimuli as it presents itself in a non-judgemental way" (Baer, 2006), and "bringing awareness to practically any situation" (Heidegger, Emad, & Kalary, 2006). Mindfulness is defined by a non-evaluative and focused consideration of the present moment (Cashwell & Young, 2011).

Some researchers describe mindfulness as paying attention in a specific way to distinguish this from situations in which paying attention is used to achieve a purpose or to analyze a situation (Kabat-Zinn, Lipworth, & Burney, 1985). Others have defined mindfulness as the sustained, voluntary attention continuously focused on a familiar object without absent-mindedness or distraction and meta-attention, the ability to check the state of the mind, quickly recognizing whether one's attention has succumbed to either arousal or negligence (Yiend & Mathews, 2004). In the book of *Mindfulness-Based Therapy for Insomnia* (2017), mindfulness is broadly defined as an intentional act of present-moment awareness without attachment to outcomes (Jason C Ong, 2017).

State versus trait mindfulness

Mindfulness has two levels and can be different in terms of state and trait (Brown & Ryan, 2003), and it can be increased through training in short- and long-term settings (Baer, Smith, & Allen, 2004). *State mindfulness* refers to a temporary condition in which an individual is aware of their thoughts and feelings and able to stay present when distractions arise. It refers to a fluid and short-term mindset or frame of reference that everyone can quickly move in and out of, sometimes by force of will. It is a flexible condition that influences how people perceive the world around them. Examples of other states include feeling hopeful, being interested or curious, and feeling certain about something in life. When measuring state mindfulness, the challenge originates from the fact that measurement necessarily occurs after the experience (Brown, Goodman, Ryan, & Anālayo, 2016).

Trait mindfulness (also termed dispositional mindfulness) is the more permanent ability to enter a mindful perspective at will, in which an individual recognizes what they are thinking and feeling, accepts thoughts and feelings without judgment, and

keeps the focus on being present. Traits are more permanent facets of personality; characteristics that are difficult to change and likely have some basis in genetics. A trait is often an integral part of what makes people who they are. For instance, psychological traits include extraversion, self-esteem, perfectionism, and impulsivity. While there are some forms of therapy or behavior modification that can affect traits, they generally do not change without concerted effort (Brown et al., 2016; Seli, Carriere, & Smilek, 2015). If it is difficult to measure mindfulness as a state, it may be even more difficult to accurately capture a person's general tendency to move into that state. When attempting to measure mindfulness, the difficulties faced depend on whether state or trait mindfulness is the target.

How is mindfulness practiced?

It might be a question of many as to what a mindful practice might involve. Mindfulness practices may be formal or informal (Crane et al., 2017). Formal practice involves setting aside a dedicated time to practice specific techniques, the most common ones being 1) the body scan and 2) the breathing exercise (Crane et al., 2017). The body scan is typically half an hour but the duration is not necessarily the key, however the ability to 'attend' is and involves moving one's awareness to different parts of the body noting any tension or pain, or whether the part is relaxed. The breathing exercise, like the body scan is not necessarily time specific but emphasizes attendance on focusing on the breath-in and -out. Informal practice involves randomly picking moments or activities with which an individual engages with during their day and 'paying attention on purpose, non-judgmentally' to them, this may be brushing teeth and/or hair, eating, walking and actually paying full attention to what they are doing. For my research, I will ask the participants to do the breathing exercise before starting our jigsaw session (as will be explained below).

Benefits of mindfulness

The goal of mindfulness is to transfer the state of consciousness to ordinary activities. This includes, for example, being aware and focused in daily life and staying in the present moment rather than revising the past or imagining the future. Some researchers state that "by developing the ability to keep focused through acknowledging and abandoning thoughts without identifying ourselves with them, mindfulness help us to perceive our environment clearly and to solve problems more efficiently by reducing mental wandering while performing tasks" (Geiger et al., 2016).

In recent decades, mindfulness has been strongly associated with psychological well-being (Brown & Ryan, 2003;

Davis, Strasburger, & Brown, 2007). Mace (2008) in a study maintains that it is because of the distinct characteristic of mindfulness of focusing on a process instead of extraneous factors that it is able to contribute towards psychological wellbeing. Well-being has generally been conceptualised either as psychological well-being (Ryff, 1989), subjective well-being (Diener, 2000), happiness (Myers, 2000), or quality of life (Frisch, 2006). The extensive research overview of mindfulness and the benefits of being mindful indicate that mindfulness can be associated with increased capacity to improve and the freedom to choose suitable and favourable reactions to situations and behaviour in general (Brown et al., 2007). Research on mindfulness reveals that individuals who are higher in trait mindfulness make safer choices in life and are more aware of outcomes and of gains and losses (Brown & Hammond, 2007).

When attempting to measure mindfulness, the difficulties faced depend on whether state or trait mindfulness is the target.

Furthermore, mindfulness practices have been incorporated into interventions in medical and mental health settings. These interventions conceptualise mindfulness as a skill that can be learned and practiced to improve psychological functioning, symptoms of depression and anxiety, health and well-being. While mindfulness can be developed through practices such as meditation and attention training, it has also been conceptualised as a trait that varies from individual to individual (Brown & Ryan, 2003). As it has been mentioned earlier, mindfulness is defined as consciously bringing awareness to the present moment, hence a higher level of mindfulness may reduce cognitive avoidance and negative thinking. Research has shown a positive relationship between individuals who report greater mindfulness in everyday life (i.e., those with higher levels of dispositional or trait mindfulness) and better psychological health and well-being (Baer, Carmody, & Hunsinger, 2012), healthier eating practices, better sleep, and better physical health (Murphy, Mermelstein, Edwards, & Gidycz, 2012). It appears that individuals who are more mindful, even without receiving mindfulness training, show better psychological health and physical health management.

How is mindfulness measured?

As interest in mindfulness exploded at the turn of the millennium, so did the number of instruments designed to measure mindfulness and the results have included examining the span of various self-report measures of mindfulness. During a five-year period, eight self-report measures of dispositional mindfulness were introduced:

Mindful Attention Awareness Scale (MAAS; (Brown & Ryan, 2003)); Kentucky Inventory of Mindfulness Skills (KIMS; (Baer et al., 2004)); Freiburg Mindfulness Inventory (FMI; Walach, Buchheld, Buttenmuller, Kleinknecht, & Schmidt, 2006); Toronto Mindfulness Scale (TMS; (Lau et al., 2006); TMS-Trait Version: Davis, Lau, & Cairns, 2009); Five Facet Mindfulness Questionnaire (FFMQ; (Baer et al., 2008)); Cognitive and Affective Mindfulness Scale—Revised (CAMS-R; (Feldman, 2007)); Philadelphia Mindfulness Scale (PHLMS; (Cardaciotto, Herbert, Forman, Moitra, & Farrow, 2008)); and Southampton Mindfulness Questionnaire (SMQ; (Chadwick et al., 2008)). Recently another mindfulness questionnaire has been developed by Black and Garland (2015) that is the Applied Mindfulness Process Scale (AMPS). It is a process measure used to quantify how participants in mindfulness-based interventions (MBIs) use mindfulness practice when facing challenges in daily life.

Content validity, dimensionality, and factor structure

Some evidence from multiple measures (FMI, CAMS-R, SMQ, MAAS) supports mindfulness as a unitary construct (Brown & Ryan, 2003); (Chadwick, Baker, Jacoby, Marson, & Smith, 2008); (Chadwick, Kusel, Cuddy, & Taylor, 2005); (Leary, Tate, Adams, Allen, & Hancock, 2007); (Majumdar, Grossman, Dietz-Waschkowski, Kersig, & Walach, 2002). Facet-level inter correlations from the FFMQ suggest that acting with awareness and non-reactivity provide the strongest theoretical and empirical association with the mindfulness construct. Importantly, the conceptual basis of these two-dimensional structures—which emphasises both the nature and quality of present-moment attention—is

consistent with the two-component model proposed by (Bishop, 2002). If mindfulness truly is multidimensional (i.e., relative independence at the facet level), the variance introduced by each lower-level construct can reduce the precision of single score interpretations. For this reason, researchers are cautioned against using a summary score to represent dispositional mindfulness and are further encouraged to examine interactions at the facet level, especially given evidence that facets may be dissociable (Eisenlohr-Moul, Walsh, Charnigo, Lynam, & Baer, 2012).

Researchers are therefore encouraged to discuss sample characteristics, including degree of exposure to mindfulness training, when reporting and interpreting results.

However, there is both theoretical and empirical support indicating that cultivated mindfulness (state mindfulness) and dispositional mindfulness (trait mindfulness) are two distinct and meaningful constructs requiring separate operational definitions and measurement instruments. Using the same measure to assess two distinct sets of mindfulness attributes (i.e., traits versus skills) is problematic and can result in different representations of content domain depending on sample characteristics. Researchers are therefore encouraged to discuss sample characteristics, including degree of exposure to mindfulness training, when reporting and interpreting results.

The placebo or expectancy effect

The placebo or expectancy effect is the phenomenon in which some people experience a benefit after the administration of an inactive substance or sham treatment (Pollo & Benedetti, 2008). This can be also

defined as a form of reactivity that occurs in scientific experiments or medical treatments when a research subject or patient expects a given result and therefore unconsciously affects the outcome, or reports the expected result.

The expectations of the patient play a significant role in the placebo or expectancy effect; the more a person expects the treatment to work, the more likely they are to exhibit a placebo response. In medical research, some patients in a study may be administered a placebo while other participants receive the actual treatment. The purpose of doing this is to determine whether or not the treatment has a real effect. If participants taking the actual drug demonstrate a significant improvement over those taking the placebo, the study can help support the claim for the drug's effectiveness (Pollo & Benedetti, 2008). In current research, it is assumed that the label mindfulness might produce a placebo and expectancy effect.

As mentioned earlier, there are several mindfulness questionnaires that focus on different facets of mindfulness. However, these questionnaires and the facets they measure have not been objectively tested for validity. Moreover, there is a concern whether expectancy effects exist for these questionnaires (i.e., practicing mindfulness makes people feel more mindful, even if their actual behaviour has not changed). Establishing validity for these measures will make an important contribution to the psychological study of mindfulness. My research aims to understand whether placebo and expectancy effects exist for self-reported mindfulness.

My research design

This research is quasi-experimental in nature and is attempting to answer a fundamental question about the

validity of self-report mindfulness measures. I will be using an experimental pre-test, post-test approach focusing on quantitative data collection that will be collected by using five self-report questionnaires to assess the outcome(s) of the study, in order to better establish the validity of current mindfulness self-report measures. The research is highly original, as there is currently no objective assessment of such measures, and this is sorely needed to enhance evidence based psychological research into mindfulness practices. Participants will be randomly allocated to control, experimental 1, and experimental 2 groups.

Procedure

Data collection will occur before and after jigsaws session. Comparisons will be made between groups for overall mindfulness score, as well as to see if any of the facets of mindfulness are more susceptible to expectancy effects than others. All participants will be asked a week before coming for the jigsaw session to fill in the online survey that consists of the Information sheet, consent form and 5 questionnaires: FFMQ and AMPS (for mindfulness), PANAS (for mood), PSS (stress), and SCS-R (self-consciousness). After the jigsaw session, participants will be asked again to complete 5 questionnaires for a second time and demography scale.

My research aims to understand whether placebo and expectancy effects exist for self-reported mindfulness

Establishing validity for these measures will make an important contribution to the psychological study of mindfulness which fits with the universities' and colleges' 21st Century Citizenship and Health and Wellbeing themes. The current research aims to understand whether placebo and expectancy effects exist for self-reported mindfulness, as well as examining the validity of the facets of mindfulness in these self-report questionnaires. The first of these studies, as a part of my PhD thesis, is currently being conducted and aims to assess the effect of different mindfulness instructions on self-reported questionnaires to determine whether using the label "mindfulness" on a task acts to improve self-reported mindfulness, as well as other wellbeing measures.

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Working effectively for refugees and asylum workshop

Debbie Sutton



Debbie Sutton is currently completing her Master of Educational Psychology at Massey University, where she also completed her Bachelor of Arts, majoring in psychology with a minor in education, and my PGDip Education with an educational psychology endorsement. Her masters' research is focusing on the educational experiences of refugee background learners in the New Zealand context.

I was fortunate to attend The New Zealand Psychological Society's recent workshop, "Psychologists working with refugees, asylum seekers & migrants and how psychologists provide assistance to lawyers". This was designed to provide psychologists with a greater understanding of how to effectively work alongside both asylum seekers and our refugee background population. I was keen to attend this workshop for two reasons: 1) my Master of Educational Psychology research focuses on refugee background learners, and 2) as this population increases within New Zealand (NZ) it is likely that psychologists, regardless of their scope of practice, will engage with refugee background individuals in their day to day work. Understanding the complexities of this group of people is essential to providing sensitive and culturally responsive services which generate good outcomes.

Background and initial contact with psychology services

Ann Hood, clinical psychologist and CEO of Refugees as Survivors New Zealand (RASNZ), kicked off the day by providing some of the shocking statistics of the global refugee crisis, as

well as a background of the long and varying processes leading to refugee or asylum seekers' arrival in NZ. Ann outlined some of the challenges met by these individuals and families both in their home and refuge countries, before discussing the further challenges faced on their arrival in NZ. There are several ways for refugees to enter New Zealand, and their access to resources varies depending on their status. Quota refugees have refugee status given by the United Nations Refugee Agency prior to their arrival, while asylum seekers make a claim for refuge when they arrive in NZ. It is also possible for refugees to arrive in NZ under the family support category which aims to reunify families. RASNZ is one of the key organisations on site at the Refugee Resettlement Centre in Mangere where their clinical team work with newly arrived refugees to identify and assess mental health concerns and promote present and future well-being by providing culturally informed psychological support and referrals to appropriate community agencies. While newly arrived refugees are only in the centre for a short time, RASNZ also has a Mobile Team within the Auckland region who provide continued support

seekers: an overview of a New Zealand Psychological Society

for individuals and families as they begin their 'new' lives within the community. The RASNZ clinical team also provides specialist mental health services for asylum seekers and convention refugees, who are often confronted with very challenging circumstances on their arrival in NZ. The screening of a short documentary, 'Tamil Stories' by Tim Swanson, provided a glimpse into the lived experiences of four Sri Lankan Tamil's who escaped their home country during the civil war, including Bhavan, an asylum seeker who faced an incredibly stressful situation on his arrival – detention in Mt Eden prison. Unfortunately, Bhavan's detention is not an isolated case with asylum seekers regularly jailed, often for several months, with the general remand population at Mt Eden. This surely contributes further to the psychological stress these vulnerable individuals have already experienced.

Psychological challenges

Mathew Kalloor, a psychologist at RASNZ, spoke of some of the common psychological presentations seen amongst the refugee background population. These include:

- anxiety and depressive disorders
- adjustment disorder
- post-traumatic stress disorder

The RASNZ clinical team has just six weeks to work with clients at the resettlement centre. The ongoing mental health needs of those who are placed in communities outside of the Auckland area (90%) are then picked up by regional services, however, limited resources often result in only those with very high needs receiving continued treatment. While not all refugees who arrive in NZ have a psychological diagnosis, there is likely some level of distress based on their complex and often traumatic experiences, as well as the culture shock of arriving in a country with unfamiliar systems and language. This distress needs to be addressed to encourage good mental well-being and promote positive resettlement within the community.

Psychosocial challenges

RASNZ educational psychologist Sarah Williams works with the families and children who come through the resettlement centre. Sarah noted that one of the biggest impediments to positive resettlement in New Zealand is the absence of family, and this negatively influences integration in two ways:

- Family groups don't usually arrive 'intact' and loved ones may be left behind in either their country of origin or at refugee camps. Feelings of guilt, blame, abandonment, and resentment are common, particularly if family members are in dangerous environments.
- Refugee families typically arrive as a 'nuclear family', and this is often quite different to their own concept of family which may include grandparents, aunts, uncles, and so on, all living within the same home or very near to each other. This is particularly challenging for parents of several dependent children, as where there would have been a lot of familial support previously, it is now not available.

Quota refugees have refugee status given by the United Nations Refugee Agency prior to their arrival, while asylum seekers make a claim for refuge when they arrive in NZ.

While family reunification is possible, and our government does have a good track record of facilitating this, the process is slow. Some of the challenges Sarah spoke of in relation to her work with children is their integration into the NZ education system, which is often vastly different to what they have experienced in their origin or refugee countries. Once children are integrated in the education system, it is not uncommon for power imbalances to occur within the family as children become familiar with the language and social customs much faster than their parents. It was also noted that the living environments within refugee camps families can have a developmental impact. Whole families will often live in single rooms in which children spend most of their time in an effort to keep them safe. Unfortunately, this results in inadequate socialisation, as well as physical and emotional developmental limitations.

Working with asylum seekers

Although touched on earlier, Lynda Crisford a psychologist from the RASNZ Mobile Team elaborated on the challenging circumstances faced by asylum seekers. Along with separation from family, the trauma experienced prior to arrival, and the language and structural challenges that arise, 'stateless' asylum seekers essentially live a life of limbo while waiting for decisions to be made about their future in NZ. Asylum seekers are not guaranteed an opportunity

to work while their protection claims are being processed, and this can lead to isolation and a loss of both identity and autonomy. Asylum seekers are a high-risk group with sleep problems, somatisation, self-harm, and suicidality common, however, language, stigma around mental health, and a lack of knowledge about what support is available are all barriers to accessing psychological services.

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Applying for asylum in New Zealand is a slow process which may involve many agencies including airport immigration officials, the Refugee Status Branch, and the Immigration Protection Tribunal. Frozan Esmati, a clinical psychologist working with RASNZ's mobile team, and Deborah Manning, a barrister specialising in refugee, immigration, and human rights law, discussed some of the implications of this process for both the person claiming protection and the psychologist in their role as an expert witness. When considering a protection claim, the credibility of an individual's personal narrative is key to success, however, trauma is complex and has the potential to affect memory; this can lead to interrogatory interviewing processes. The active presence of psychologists in the interviewing process are critical to minimise the potential for secondary or parallel trauma. Deborah made the point that the most successful cases are those where refugee claimants have the support of a mental health professional who understands trauma and can ensure the claimant is not needlessly traumatised during the interviewing process. While the

process can be distressing, it also has the potential to be therapeutic. Providing an asylum seeker with a voice to discuss their trauma promotes subsequent management of this. Psychologists working with this population are often required to submit reports as an expert witness, usually to outline an individual's risk. Ideally, this will be written by an independent psychologist to ensure the report remains neutral and unbiased. While all psychologists are expert report writers, it is incredibly difficult not to become an advocate for this population during the professional relationship. Deborah noted that there is a shortage of independent psychologists to write reports for the claimant process. Any registered psychologists who would be interested in helping provide this service should get in touch with RASNZ.

Where do we start?

Refugees and asylum seekers have complex and varying needs; however, their cultural values, language, beliefs, and social systems are often vastly different to our own. How can we, as current or future psychologists, ensure we provide appropriate and effective professional services which enhance the wellbeing of each individual and family we work alongside? Ted Wotherspoon, workshop coordinator and psychologist from Vital Services Ltd, identified the following two resources to help guide our practice in this area:

1. *Culturally and linguistically diverse (CALD) training*
CALD courses are designed to give health professionals cultural competency by enhancing cultural awareness, sensitivity, knowledge and skills which enable effective and appropriate interactions. CALD courses are available nationwide (online format) or face to face throughout Auckland. There are many levels

of training through CALD, from basic cultural competency to more specialised courses focusing on working with refugee patients, religious diversity, and interpreters.

2. *Interpreters*

Interpreters are an invaluable asset when working with refugee background or asylum seeker clients. They can be utilised as a 'cultural broker' and will be able to provide a plethora of information to ensure professionals work with sensitivity and a positive relationship can be developed and maintained.

Interpreters are used to bridge language and cultural gaps and must be treated as a key member in the client-professional team. Eve and Aryan, two interpreters who work alongside refugee background and asylum seekers within the community, suggested that time be spent both before and after sessions to ensure the communication is effective. As well as enabling the interpreter to advise the psychologist on positive and negative aspects of the process, debriefing allows the psychologist to 'check-in' with the interpreter. It is important to remember that many interpreters have come from a refugee background themselves, and situations may arise which trigger negative emotions. The well-being of the interpreter must always be considered.

While psychological challenges are common, being a refugee is not a diagnosis.

I found this workshop to be confronting, yet, equally inspiring. All the speakers were incredibly passionate and dedicated to enhancing the well-being of this often-vulnerable population despite the complex challenges. My hope is that their continued sharing of knowledge will

enable many more psychologists to provide appropriate and effective care. We, as current and training professionals, are in the privileged position of being able to make positive differences to the lives of refugees and asylum seekers and we should embrace this.

Key take away points:

1. While psychological challenges are common, being a refugee is not a diagnosis.
2. Each refugee or asylum seeker is an individual with their own history and culture, and we must treat them as such.
3. Have 'cultural humility'; ask for help to ensure cultural sensitivity is always a priority.
4. Be mindful of interpreter wellbeing, they are a vital tool when working with this population and must be looked after.
5. Listen to clients' stories and allow them a voice. This can be very therapeutic and promotes autonomy.
6. Refugees and asylum seekers are resilient; most have endured things we could not even imagine. As professionals, we need to help them harness this strength to promote a positive future as New Zealanders.

Behavioural and neural evidence suggest that ignoring distractors is the key to efficient attention

Lenore Tahara-Eckl



Lenore Tahara-Eckl is currently pursuing her Masters of Science under the supervision of Associate Professor Paul Corballis, at the University of Auckland. She completed her Bachelors of Sciences and Liberal Arts at the University of Illinois at Chicago, USA. She is planning to continue her studies to pursue a PhD at the University of Auckland.

Lenore specializes in the field of psychology, specifically in cognitive neuroscience. Her research interests are in visual attention in

how individuals deal with different types of distracting information, and how this is affected by one's working memory capacity. She is also interested in how the distractor suppression ability is reflected in ageing and in clinical populations, such as mild cognitive impairment patients and Alzheimer's disease patients. Ultimately, she wishes to apply non-invasive brain stimulations as means to alternate neuronal firing, which is otherwise found to be compensated and diminished in these populations. Alternating neural activity is postulated to improve cognitive performance and promote brain plasticity, thereby leading to a better life for these individuals.

Introduction

Imagine navigating through a crowded city train station, bustling with all sorts of colours, motions, noises, and smells. You see people, either idly waiting around for someone, trying to sell you some attractive tourist item, or, like you, trying to find the correct train. Your end goal, or your "target" in mind, is to find and catch the correct train. To reach this goal, you must utilize environmental clues, such looking at train schedule posts and listening to train announcements to help guide you. On the other hand, you must also be wary to avoid distraction by other passengers and their conversations, signs for other tracks, advertising posters, and so forth. In this situation, it is absolutely impossible to pay attention to everything you encounter simultaneously. In order to solve this crisis, you must allocate your attention to what will help you to find the train, while suppressing all other irrelevant information ("distractors"), which would otherwise hinder your search. In this way, our attention operates as a metaphorical "spotlight," focusing on one item at one time. However, there are exceptions in which information from outside our focus arrests our attention. Sometimes, this may be beneficial – alerting us to an important change in circumstances – while at other times, such distractions may impair our ability to get things done. In my research, our ability to allocate our attention has been linked to how visually different items look from another and individual cognitive capability. These two key features are also found in the behavioural and neural attentional patterns in

ageing and clinical populations, which may suggest that they can be used as clinical predictors to attentional degradation.

Attentional theories

Attentional theories explain what we pay attention to and how we pay attention to it. These theories originate from studies of auditory attentional processing, but are applicable to all other sensory domains. The first major attentional theory was proposed in 1958 by the English psychologist Donald Broadbent, and is known as the *Early Selection Theory*. This theory explained that all information, whether relevant or irrelevant, comes together in a “sensory register.” Next, a “selective filter” segregates some information from the rest. The selected or “attended” information is then passed forward for more detailed perceptual processing. Only at this stage do people recognize and assign meaning to spoken words and identity to the speaker. From there, higher cognitive processes can be carried out, such as deciding on how to respond to the conversation and considering the person’s relationship to the speaker (Broadbent, 1958).

While early-selection theory holds that the process of attention involves selective filtering that passes information forward for higher-order processes, it does not explain how salient “unattended” information can still reach our consciousness. An example of this is the “cocktail party effect”; a well-known phenomenon in which attention is suddenly switched from one auditory stream to another because the new stream contains salient information, such as one’s own name (Cherry, 1953). This phenomenon suggests that all information is processed at least to some extent and that salient information can pull attention away from a previously attended source.

Broadbent’s theory does not explain how unattended information can seep into our consciousness. This led some theorists to propose the *Late Selection Theory*, in which all information is processed to a fairly advanced level, but only one source is selected for conscious perception (Deutsch & Deutsch, 1963). However, having all information being processed consciously would be a rather lengthy process, which is inconsistent to the brain’s instinctive and efficient behaviour to consider only the relevant over the irrelevant.

Observing that neither early-selection or late-selection theories could fully account for the properties of attention, a graduate student under Broadbent, Anne Treisman, proposed the *Attenuation Theory*, in that information outside the focus of attention is attenuated or weakened, rather than completely blocked in the filtering process. Thus, information from unattended sources that is particularly salient or personally relevant may overcome filtering by attention and become the dominant stream. In this way, unattended information is not completely lost, and salient sounds, such as oncoming cars sounds, can be heard – and acted upon – during a conversation (Treisman, 1964).

Building upon these ideas, *Capacity Theories* added another dimension in proposing that task complexity, mental effort, and individual cognitive resources all impact attention (e.g., Kahneman, 1973). High complexity and difficult tasks create more demand on attentional resources, but an overload of attentional demand can result in task failure. The effects of attentional demand are influenced by how well the person allocates their attention. Mental effort is influenced by the person’s arousal level, their interest in the task, their educational

background, and their cognitive ability. In particular, several studies have found that “working memory capacity” (WMC), or the ability to control information, modulates attention in several cognitive tasks (Engle, 2002; Barrett, Tugade, & Engle, 2004).

My research

Treisman’s theory, and others like it, suggests that filtering or attenuation of distracting information is critical in order to pay attention to relevant information. Specifically, the “attenuator” is linked to the suppressive ability that individuals exercise to deal with distractors. Additionally, task complexity and individual ability also play a role in how well the individual can “steer their attenuator” to manage the effects of environmental distractors. In my research, I have used event-related brain potentials (ERPs), which are brain waves derived from the electroencephalogram (EEG), to explore the brain mechanisms involved in managing distraction, and the ways in which task difficulty and WMC influence these mechanisms. A particular aspect of the ERP, variously termed the “Ptc” (for Positivity, temporal and contralateral) or “Pd” (distractor positivity) has been linked to the filtering or attenuation of distracting visual stimuli (Sawaki & Luck, 2010; Hilimire, Hickey, & Corballis, 2012; Hilimire, Parks, Mounts, & Corballis, 2011). This small change in the voltage of the EEG appears over the back of the head after a few hundred milliseconds of the appearance of a distracting stimulus, on the opposite side of the head to the distractor.

In order to explore the brain mechanisms involved in the processing of visual information, I have conducted a series of experiments using a simple “visual search” task, in

which people were asked to find and identify a particular “target” shape in a display that also contained a number of other items – some of which appeared similar to the target shape. The more similar the “distractor” is to the target, the more difficult the task. To keep things simple and to ensure that the shapes were all equally easy to see, visual items were presented in a circular array. The “targets” were coloured Ts, and the distractors were coloured Ls, Cs, or filled circles (in another experiment). Participants were asked to identify the orientation of the target letter as quickly as possible, while ignoring any other irrelevant stimuli. Additionally, we measured our participants’ WMC using three “complex span” tasks (all derived from Foster et al., 2015), which allowed us to classify people as either high working memory capacity (HWMC), medium working memory capacity (MWMC), or low working memory capacity (LWMC).

While people performed the visual search task, I recorded neural signals from an EEG net comprised of 128-channels and examined the signals from two bilateral electrodes placed near the back of the head for signs of attention and distraction-related activity.

My study’s main findings showed that people who were better able to suppress distractors were able to perform better on the task. That is, they were faster and more accurate in discriminating the orientation of the “T” and ignoring the influence of the coloured distractors. Importantly, this suppressive ability was reflected in the Ptc (or Pd) component – with more salient distractors (“C”s vs. “L”s, for example) evoking a stronger Ptc.

I also found that the Ptc signal was stronger for people with a HWMC than in those with a LWMC. This difference demonstrated that people with HWMC deal with distractors more effectively than those with LWMC, and thus perform better on the visual-search task. Other studies have also found similar relationships between distractor suppression and performance. The Pd (which is most likely the same as the Ptc) is stronger in trials with a faster response time (McDonald, Green, Jannati, & Di Lollo, 2012; Gaspar & McDonald, 2014). From their study, we can associate that because faster response times accord to a stronger Ptc, stronger distractor saliency and HWMC individuals should also have a stronger Ptc, since these two factors would correlate to faster response times. Despite the strong links between WMC, Ptc, and performance, the WMC effects in my study were not as strong as the task difficulty effects. This may have been because participants had fairly similar capabilities. Testing was done on all healthy, young, and educated people recruited from a university setting. It would be interesting to repeat the study on different populations such as older adults or

cognitively impaired patients, who might show a greater range of WMC scores and neural signals.

In another experiment, we wanted to see whether a more salient distractor would generate a stronger Ptc signal and from that, whether it would draw stronger WMC differences. Our salient distractor item was a filled circle instead of the letter C. However, instead of the Ptc generating a stronger amplitude for the more salient condition, I found that the Ptc for both conditions (both the letter L and filled circles) had relatively the same amplitude. This finding demonstrated that once a distractor is sufficiently different from the target stimulus, the suppressive component is no longer needed and is not produced robustly. In fact, at the other end of the spectrum, other studies have demonstrated that very highly salient distractors (such as a striking, coloured visual item) can instead draw in attention and impair performance (Gaspar & McDonald, 2014). Indeed, in this experiment, this “threshold point” was portrayed in the behavioural performances because while individuals had overall performed better on both types of distractors (both the Ls and filled circles) than in the previous experiment (Ls and Cs), there was no behavioural difference between these distractors in both experiments.

Future research

In order to detect stronger suppressive ability differences among individuals, it will be interesting to compare aging and clinical populations against young, healthy controls. Though elderly people do not always develop mild cognitive impairment (MCI) or Alzheimer’s disease (AD), functional connectivity between large brain networks begin to break down, necessitating compensatory processes – more so in neurodegenerative disorders (Jones et al., 2015; Buckner, Andrews-Hanna, & Schacter, 2008). Wilson (2010) found that in comparison to young adults, elderly people performed worse on a visual-search task very similar to mine and had slower and weaker attention-related ERP components. If confirmed, these neural patterns could be developed as vital biomarkers to predict the cognitive-behavioural impairments, accompanied by neural degeneration found in elderly, MCI, and AD patients. Thus, the Ptc components could be used to monitor and predict cognitive loss, and they may also serve as neural “record-keepers” in combination with rehabilitation or prevention measures. Noninvasive brain stimulation techniques have been shown to promote neural plasticity and cognitive rehabilitation in elderly and clinical populations (Tatti, Rossi, Innocenti, Rossi, & Santarnecchi, 2016). Therefore, in future research, I plan to investigate the effects of these techniques on distractor

suppression ability in both young and ageing populations as means to investigate and possibly ameliorate the effects of neurodegeneration.

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The Revised Screening Scale for Pedophilic Interests (SSPI-2): How is it doing compared with the original SSPI?

Linda Fatialofa



Talofa lava, malo le soifua maua ma le lagi e mama.

I am currently working towards a Master of Science in Forensic

Psychology at Victoria University. I have a broad interest in young people who come into contact with the justice system and strength-based approaches to rehabilitation. My research this year will be investigating the life stories of young people who offend and the Good Lives Model.

Ia soifua ma ia manuia.

See her poster overleaf.

Background

- Pedophilia**
- Sexual interest in prepubescent children (American Psychiatric Association, 2013), is one of the best predictors of sexual recidivism (Hanson & Morton-Bourgon, 2005).
- Approximately 20 -50% of convicted child sex offenders have been identified as pedophilic (Schmidt, Mokros, & Banse, 2013).
- Measured using a variety of methods (e.g., penile plethysmograph).
- The Screening Scale for Pedophilic Interest (SSPI; Seto & Lalumière, 2001)
- Quick and easy to use measure of pedophilic interest
- To score an offender is required to have a victim less than 14 years old.
- Items: a male victim, 2+ victims, an unrelated victim and a victim less than 12 years. Items are scored dichotomously (1 if present, except male victim scored 2).
- Greater scores shown to predict sexual recidivism (Helmus, Ó Ciardha, & Seto, 2015).

The SSPI-2 (Seto, Stephens, Lalumière, & Cantor, 2015)

- Developed to incorporate growing interest in child pornography and improve the construct validity and predictive accuracy of the SSPI
- Item changes:**
- Inclusion of child pornography item
- Offender required to have one victim less than 15 years
- Male victim scored as 1 (previously scored 2)
- Found to improve construct validity and has also shown to predict sexual recidivism (Seto, Sandler, & Freeman, 2015).

Aims and Objectives

- Different sample of sexual offenders
- Replicate the construct validity and predictive accuracy for The Revised Screening Scale for Pedophilic Interest (SSPI-2).
- Research Questions**
- Is the SSPI-2 measuring pedophilic interests?
- Can SSPI-2 scores predict sexual recidivism?
- Does the SSPI-2 yield greater predictive accuracy than the SSPI?

Methodology

- Data Collection**
- The data used was taken from They Dynamic Supervision Project (see also Hanson, Harris, Scott, & Helmus, 2007).
- Data was collected by community supervision (probation/parole) officers between 2001 – 2005 for offenders starting a period of community supervision.
- Participants**
- Offenders were recruited from Canada and two states in the US, changed with sexual offending against a victim less than 15 years ($N = 573$).

Measures

- Recidivism outcomes were only available for offenders in Canada ($N = 450$).
- Outcome measures: Sexual recidivism & Sexual recidivism with sexually motivated breaches.
- For comparative purposes measures of Static-99R, Static-2002R and STABLE-2007 were also analysed.

Analyses

- Convergent and Divergent Validity examined using Kendall's Tau correlations. Predictive accuracy was tested using the Area Under the Curve (AUC). Differences in predictive accuracy was analysed using the DeLong test.
- Incremental Predictive Accuracy was examined using Cox Regression of survival data.

Results

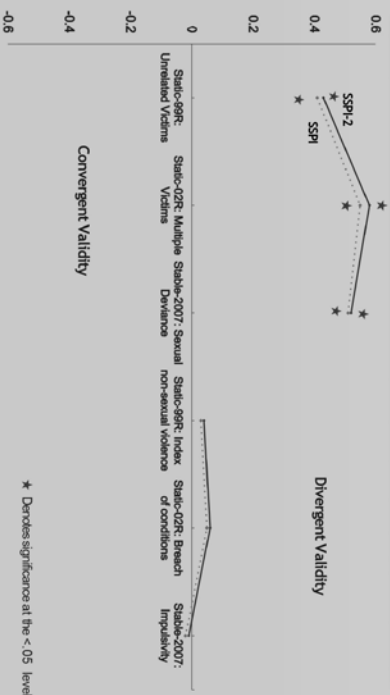


Figure 1. SSPI and SSPI-2 correlated with measures of sexual deviancy and general criminality items from the Static-99R, Static-2002R and STABLE-2007.

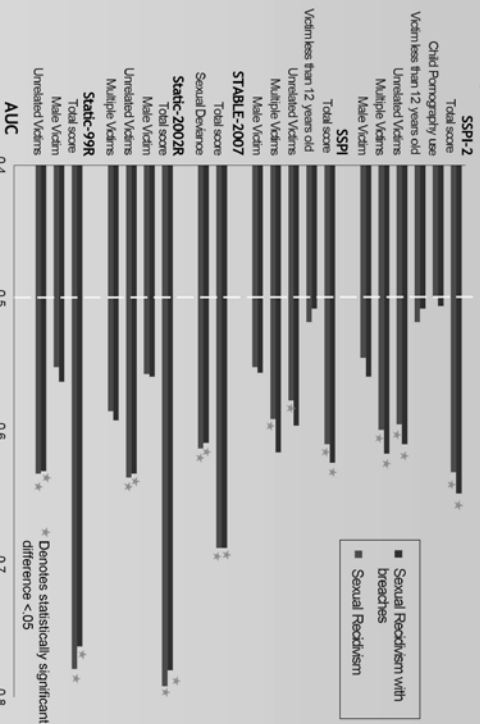


Figure 2. AUC values for predicting sexual recidivism and sexual recidivism with breaches using items and total scores from the SSPI, SSPI-2, Static-99R, Static-2002R and STABLE-2007.

Results

- DeLong Tests**
- SSPI and SSPI-2 AUC values were not significantly different.
- Static-99R & Static-2002R were significantly better than the SSPI-2 for predicting both sexual recidivism and sexual recidivism with sexually motivated breaches.
- STABLE-2007 total scores was significantly better than the SSPI-2 for sexual recidivism with breaches but not for sexual recidivism alone.

Incremental Validity

- SSPI and SSPI-2 did not add incrementally to both Static-99R and Static-2002R.
- SSPI-2 did add incremental predictive validity for sexual recidivism with breaches to the STABLE-2007, $HR = 1.10$; SSPI-2, $HR = 1.45$, but not sexual recidivism alone.

Discussion and Conclusions

- SSPI-2 total scores indicated convergence and divergence with other measures of sexual interest.
- No significant difference was found between SSPI and SSPI-2 AUC values, meaning measures were comparable in predictive accuracy for both sexual recidivism outcomes.
- Consistent with previous research (e.g., Seto et al., 2015) the SSPI-2 added incremental predictive validity for sexual recidivism with breaches to the STABLE-2007.
- SSPI and SSPI-2 did not significantly differ in predictive accuracy despite revision.

Implications

- Static-99R & Static-2002R scales are sufficiently measuring the underlying construct
- The SSPI-2 may be improve the sexual deviance item measure included in the STABLE-2007.

Limitations

- Our sample consisted of only 12 cases of child pornography therefore may have influenced our results.
- Sample collected between 2001 – 2005, public access to social media websites have become increasingly more popular since cases included (e.g., Facebook made public in 2005).

Conclusions

- SSPI-2 indicated divergent and convergent in measuring pedophilic interest and divergent with measures of general criminality.
- No difference between SSPI and SSPI-2, however items included in the SSPI-2 are

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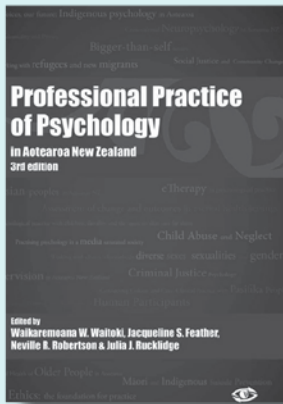
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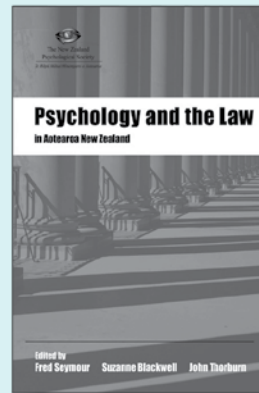
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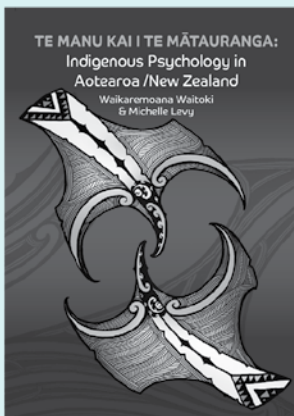
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