



The New Zealand  
Psychological Society

*Te Rōpū Mātai Hinengaro o Aotearoa*

# New Zealand Psychological Society Annual Conference

*Ka tū, ka oho - Te matai hinengaro me te ao hou*  
*Psychology in a Changing World*

**29 August - 1 September 2014**  
**Rutherford Hotel, Nelson**

Proudly Sponsored by:

The Psychologists Board  
ACC



**PSYCHOLOGISTS BOARD**

Te Poari Kaimātai Hinengaro  
o Aotearoa



# Programme at a glance

## Saturday 30 August

9.00am - Mihi whakatau; opening speaker: Rachel Reece, Mayor of Nelson

10.00am - Keynote: Ainsleigh Cribb-Su'a - **Matai 1**

11.00 am - Morning tea

11.30am - Symposia and streams:

Bicultural psychology - **Matai 1**

I/O symposium - **Riwaka**

Wraparound symposium- **Waimea**

Therapist Challenges - **Heaphy**

Health psychology- **Wairau**

1.00pm - Lunch

2.00pm - Keynote: Andrew Munro- **Matai 1**

3.00pm - Symposia:

Guest speakers: A Macfarlane, A Herbert & M Webber - **Matai 1**

I/O symposium contd - **Riwaka**

Wraparound contd - **Waimea**

Clinical psychology- **Heaphy**

Health psychology contd - **Wairau**

4.00pm Afternoon tea

4.30pm Bicultural psychology contd - **Matai 1**

I/O symposium contd - **Riwaka**

Clinical psychology - **Waimea**

Neuropsychology - **Heaphy**

Health psychology contd - **Wairau**

**6.30pm - Whakawhanaungatanga (Foyer)**

## Sunday 31 August

**8.30am - Institute AGMs see timetable for rooms**

9.00am - Keynote: Neville Blampied - **Matai 1**

10.00 am - Morning tea

10.30am - Symposia and streams:

Ethics Panel - **Matai 1**

Community psychology - **Riwaka**

Therapeutic Alliance - **Waimea**

Clinical/forensic psychology - **Heaphy**

Clinical psychology - **Wairau**

12.30pm - Lunch

**1.30pm - Keynote: Michael Daffern - Matai 1**

2.30pm - Public talk by Tony Taylor - **Waimea**

Public Forum with politicians **Matai 1**

Bicultural psychology - **Riwaka**

General psychology - **Heaphy**

Clinical psychology contd - **Wairau**

3.30pm Afternoon tea

4.00pm - Symposia:

Guest speaker: Niki Harre - **Matai 1**

Bicultural psychology contd- **Riwaka**

General experimental psychology - **Waimea**

Clinical psychology contd - **Heaphy**

Clinical psychology contd - **Wairau**

ACC presentation - **Wairau**

5.00pm NZPsS AGM - **Riwaka**

**7.30pm Conference dinner, Trailways Restaurant**

## Monday 1 September

9.00am - Symposia:

Clinical /general psychology - **Matai 1**

Future Directions workshop - **Waimea**

Research and Practice - **Heaphy**

Emotion Science symposium - **Riwaka**

10.30 am - Morning tea

11.00am - Symposia and streams:

Guest speaker: Catherine Savage - **Matai 1**

Future Directions workshop contd - **Waimea**

Emotion Science symposium contd - **Riwaka**

**12.00pm- Keynote: Darrin Hodgetts**

1.00pm - Lunch

**2.00pm - Keynote: Harlene Anderson - Matai 1**

3.00pm - Psychologists Board presentation - **Matai**

**4.00pm -Conference finishes & Farewell**

# Contents

---

<i>Conference Organisation &amp; Exhibition</i>	4
<i>Floor Plans</i>	5
<i>General Information for Delegates</i>	6
<i>Social Events</i>	6
<i>Keynote Speakers</i>	8
<i>Guest Speakers</i>	12
<i>Programme Timetable</i>	16
<i>Posters</i>	22
<i>Sponsors</i>	23
<i>Exhibitors</i>	24
<i>Abstract Index</i>	26
<i>Programme &amp; Abstracts, Saturday</i>	27
<i>Programme &amp; Abstracts, Sunday</i>	39
<i>Programme &amp; Abstracts, Monday</i>	59
<i>Poster abstracts</i>	53
<i>Workshop Details</i>	55

# Conference Organisation

---

This conference is the result of the efforts of dedicated and hardworking people.

Thanks go to:

Dr Ruth Gammon, Scientific Programme  
Convener

Dr Pamela Hyde, NZPsS Executive Director

Heike Albrecht, NZPsS Professional  
Development Coordinator

Angus Macfarlane (NZPsS Kaihautu)

Student assistants:

Lin Li

Suzanne McLaughlin

Anna Lee

Shubhangi Kaushik

Katie Maher

Matt McDonald

Rebecca Grattan

Tracey Bear

Gabrielle Cornelius

Tsai Ria Sandy

**Thank you also to all presenters.**

We would like to thank the Psychologists Board and ACC for their sponsorship of this conference.

Many thanks also to The University of Auckland and Victoria University of Wellington for co-sponsoring the student breakfast.

## Exhibitors

**NZCER**

**Wilkinson Insurance**

**Pearson Clinical Assessment**

**Working Well (Mental Health  
Foundation)**

**Cengage**

**Eagala**

**Display Tables:**

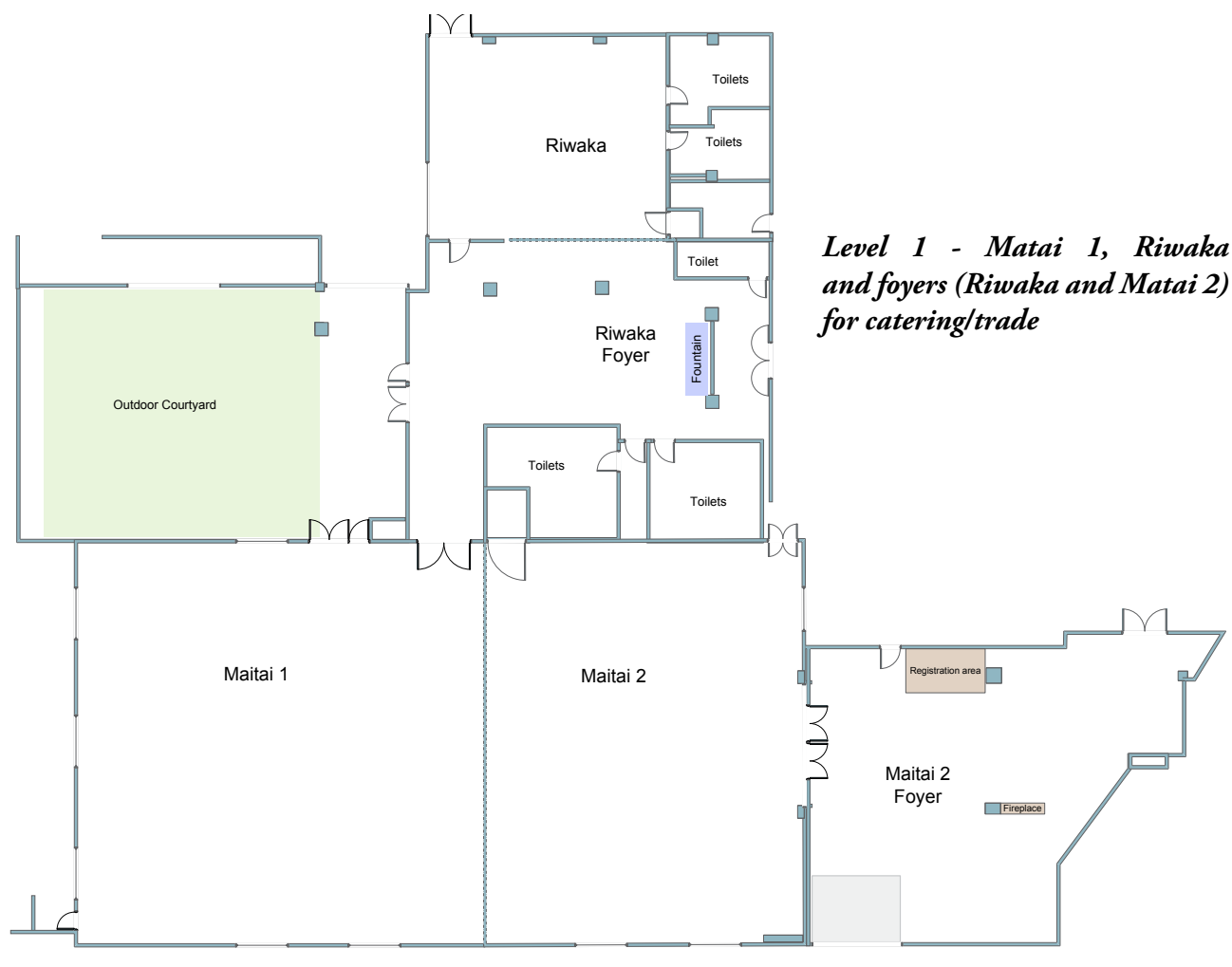
NZ Association of Psychology  
Teachers

**Advertisers:**

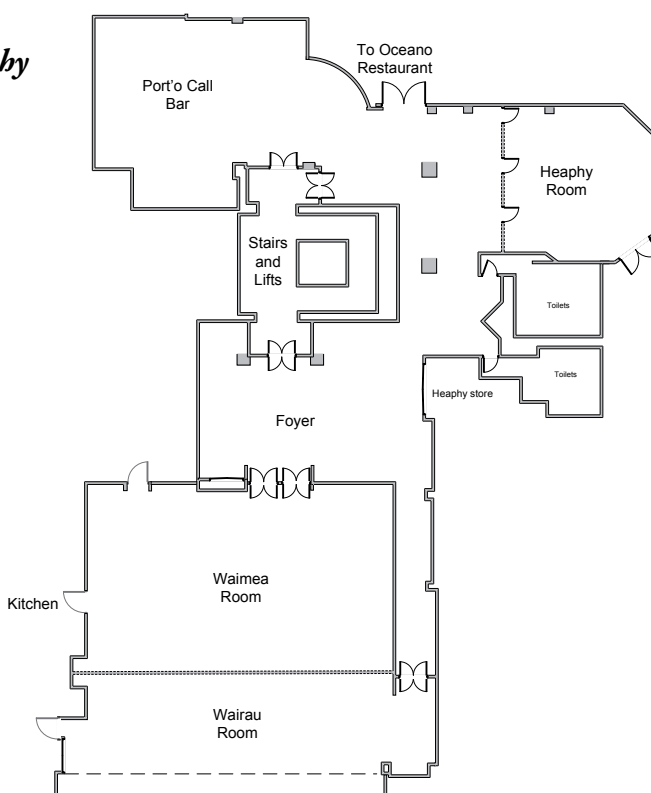
PsychRecruitment Ltd

Canterbury Christ Church  
University, UK

# Floor Plan, Rutherford Hotel, level 1 & 2



## *Level 2 - Waimea, Wairau & Heaphy*



All plenary sessions will be held in **Matai 1**  
Symposia papers will be held in the following rooms: **Riwaka & Matai 1 - both level 1, Wairau Waimea & Heaphy - all level 2**

# General Information for Delegates

---

## Venue

Rutherford Hotel, Conference Centre, Nelson

## Registration

The registration desk opens at 8.00am Saturday 30 August and is located in the foyer of the conference centre.

## Location of programme activities

All plenary sessions will be held in Matai 1

Symposia papers will be held in the following rooms:

Matai 1, Riwaka (both level 1), Waimea, Wairau and Heaphy (all level 2)

Posters will be displayed in the foyer for the entire conference.

Workshops will be held on Friday 29 August from 9.00am - 5.00pm

## Payment and refunds

Cash, cheques, and credit cards (Visa or MasterCard only) will be accepted at the conference venue. Any refunds will be processed after the conference at the NZPsS office.

Your conference fee includes

- Attendance at conference keynote and paper presentations
- Morning/afternoon tea and lunch
- Conference satchel and contents
- Complimentary drinks and nibbles at the welcome function

## Name badges

All delegates and speakers will be provided with name badges that have to be worn at all times within the venue. Your name badge will indicate that you have registered for the conference. Name badges will identify your name and affiliation as specified on your registration form. At the end of conference we are happy to recycle the plastic holders.

## AGMs - Sunday 31 August

The NZPsS AGM will be held in the Riwaka room at 5.00pm.

Institute of Educational and Developmental Psychology AGM will be held in Wairau at 8.30am

Institute of Community Psychology Aotearoa AGM will be held in Heaphy at 8.30am

Institute of Clinical Psychology AGM will be held in Matai 1 at 8.30am

Institute of Criminal Justice and Forensic Psychology AGM will be held in Matai 1 at 8.30am

Institute of Counselling Psychology AGM will be held in Waimea at 8.30am

Institute of Health Psychology AGM will be held in Riwaka at 8.30am

The I/O Division AGM was held offsite.

**NZPsS Awards** - to be held Sunday 31 August at the conference dinner, at 7.30pm

## Changes to the programme

Any changes to the programme will be announced to delegates by email where appropriate and displayed on notice boards located in the registration and exhibition area.

## Catering

Morning and afternoon tea and lunch will be served in the Matai 2 foyer and the Riwaka foyer on level 1 of the centre. Food is labelled as vegetarian, gluten/dairy free etc.

## Student assistants

Our student assistants can be easily identified by their bright yellow name badges. During the sessions they will help presenters to set up their powerpoints. Don't hesitate to approach them if you are looking for a room or need help with anything else.

## Mobile phones

As a courtesy to other delegates, please ensure your mobile phone is turned off or in silent mode during all sessions and social functions.

## Internet Access

There is Wifi available during conference hours.

# General Information for Delegates

---

## Housekeeping

Bathrooms are in the Riwaka foyer.

In case of an earthquake drop, cover and hold then make way to the front of the Hotel and assemble on the grassy verge in front of Reception.

If the fire alarm bells sound, make way through nearest exit highlighted by green signage and again assemble on grassy verge in front of Reception. Staff will advise when it is safe to re-enter.

---

## Social Events

*We look forward to seeing you at the following social events*

### Student Breakfast

Saturday 30 August from 7.30am

To be held in the Rutherford Cafe

Free for registered students.

### Whakawhanaungatanga - Conference Welcome Function

Saturday 30 August from 6.30pm

To be held in the Matai 2 foyer

Free for conference delegates, guest tickets \$40.00 available from the registration desk.

*Keynote speakers, presenters and delegates are invited to meet up with friends and colleagues and enjoy complimentary drinks and nibbles at the Conference Welcome Function.*

### Conference Dinner

Sunday 31 August, 7.30pm

Trailways Hotel (The Tides Restaurant), 66 Trafalgar Street

*The conference dinner provides an opportunity to enjoy good company over a relaxed evening meal. The NZPsS awards will also be presented. Dance to follow.*

Tickets \$75.00 available from the registration desk.



# Keynote Speakers

---

## Ainsleigh Cribb-Su'a



A doctoral graduate of The University of Auckland, Dr. Ainsleigh Cribb-Su'a (Ngāti Maniapoto, Ngāti Kauwhata, Ngāti Tamaterā) is a Senior Clinical Psychologist with over 10 years experience working clinically in Child and Adolescent Mental Health (CAMH) in Counties Manukau. Ainsleigh has worked predominantly with Māori whānau in her clinical work and was one of the founding members of He Kākano, the kaupapa Māori clinical team within Whirinaki, (CAMHS). Dr. Cribb-Su'a went on to become the Clinical Lead and then consequently a Clinical Manager within the Whirinaki service. She has contributed passionately to the development of this 'by Māori for Māori' initiative, which now boasts a total of five Māori Clinical Psychologists as well as other Māori allied mental health practitioners. Ainsleigh is an Executive Leadership and Management Program (ELMP) graduate.

***Keynote: He kākano i ruia mai i Rangiatea: a Māori perspective to embarking on a large Randomized Control Trial (RCT) of a tauwiwi therapeutic intervention.***

***Saturday 30 August 10.00am***

Māori practitioners and consultants are often asked, invited and at times assumed to provide a bicultural perspective to research projects, steering groups, governance boards, etc. At times, engagement with Māori in these processes are experienced by Māori as haphazard and tokenistic or simply well intended but ill informed. In this changing world it is incumbent upon researchers to consider the importance of "partnership" with Māori in undertaking research in Aotearoa, New Zealand. This paper will offer insights from Māori practitioners engaged as research "partners," as well as reflect upon the presenters own insights derived from being a co-investigator in the TrACY study. The TrACY Study is New Zealand's first RCT of a psychological therapeutic intervention in the treatment of childhood mental illnesses. MATCH-ADTC (Chorpita & Weisz, 2009) is a newly developed flexible modular treatment system that combines evidence-based therapies for common mental health problems in one protocol, providing flexibility and personalization of treatments. The objective of the study is to improve the clinical outcomes of children and adolescents attending secondary mental health services in New Zealand. The study design ensures that effectiveness can be shown separately for both Māori and Pacific children.

## Andrew Munro



UK based, Andrew Munro (MA Hons, C Psychol) is a business psychologist with over 25 years international experience of consulting across the corporate and public sectors. He also advises other consultancies in the design and implementation of applications in personal, team and organisational effectiveness. Graduating from Edinburgh University in the mid 1980s, his career began with a global occupational psychology consultancy, where he applied himself to the problems of personnel selection. Moving to work as an in-house psychologist, he faced the varying realities of human nature, social interaction, organisational politics and the vagaries of business strategy and cultural change. And he recognised why a shift in thinking was needed to ensure psychological theory, methodology and insight would have a practical impact. He established AM Azure Consulting to provide expertise, experience and support to the reality of client problems rather than insist on pre-packaged solutions. AM Azure has worked on a variety of assignments, including innovation within the Higher Education sector, the dynamics of sales success within financial services, senior team development with the Police Service, the career tactics of fast track leaders, strategic leadership and succession management, and career development within the UK Civil Service.



# Keynote Speakers

*Keynote: The growing gap between evidence and claim - can it be closed?*

*Saturday 30 August, 2.00pm*

Andrew Munro will draw from the literature, dialogue with organisations, researchers and practitioners, media coverage, and a review of psychological services provided to individuals and organisations over the years to provide an analysis of the evidence-claim gap. This gap now underpins growing scepticism about the profession, its methodologies and societal impact. It is also obscuring genuine innovation and progress. From the deceptions of personality testing, myths of organisational change to Nudge theory and positive psychology in social policy, this address identifies the dynamics that underpin the trend towards extravagance of claim. It also highlights why it is becoming increasingly difficult to build a sustainable evidence base.

Was it always this way? Advances, set-backs, breakouts, dead-ends over the last century. What are the opportunities and hazards from the recent renaissance of psychology? What does evidence look like now? Facts, stats, logic and learning. What future scenarios can we anticipate? What won't change and what we can expect to change? The issues and implications for governance, methodology, practice and dialogue. How does Psychology square the circle - demonstrating its relevance to a range of practical issues in an age that looks for quick and immediate solutions - whilst retaining the ethos and discipline of scientific enterprise?

## Neville Blampied



Neville has been a member of the academic staff of the University of Canterbury for more than 40 years, including seven years as Head of Department (2005 – 2012), teaching learning and behaviour change processes and researching behavioural interventions, primarily for children and families. He is a Fellow of the NZPsS (1995-), served from 2006 – 2010 as NZPsS Director of Scientific Affairs, is an Associate Editor of The New Zealand Journal of Psychology and of Behaviour Change, and is on the Editorial Board of Child & Family Behavior Therapy. He chairs the Road Traffic Trauma Charitable Trust and is currently President of Division 6 (Clinical & Community Psychology) of the International Association of Applied Psychology. He will deliver a Presidential Address at the International Congress of Applied Psychology in Paris in July, 2014. In 2008 Neville received the New Zealand Psychological

Society Adcock Award which recognizes valuable and significant contributions to psychology in areas including philosophy of science and psychological theory.

*Keynote: Psychology in the 21st C – Getting over our addiction to p so our research can be evidence for our practice*

*Sunday 31 August, 9.00am*

In the middle years of the 20th C two things happened that had far-reaching impacts on psychology. The first was the invention by R.A Fisher and other statisticians of modern factorial research designs, requiring random assignment of participants to conditions and statistical inference based on null-hypothesis statistical tests (NHST) of group averages. By the mid 1950's researchers in psychology were 'addicted to p' and the use of NHST became essential for research to be published. The second development occurring at almost the same time, was the development by the American Psychological Association of the scientist-practitioner model of clinical practice. This ideal rapidly became the dominant model for university training of clinical psychologists in the USA and has been generalised to the training of applied psychologists in general and across the world. Not surprisingly, the 'scientist' part of the scientist-practitioner ideal became closely associated with NHST-based research. Clinical and applied research has for nearly 50 years thus also been 'addicted to p', dominated by the

# Keynote Speakers

search for statistical significance among group mean differences rather than clinical or practical significance and unable legitimately to make inferences about individual clients. The contemporary rise of the evidence-based practice movement, which can be considered a reformulation of the scientist-practitioner model, has brought sharply into focus again what has also been known for most of those 50 years: Our research methods, and especially our data analysis methods, are poorly adapted to the needs of practice. Research is about ideal, abstract, average types; practice is about individuals in all their diversity and variability. Furthermore, there is now an emergent 'crisis' in psychology due to the recognition that much of our research fails to replicate. I will review this lamentable history, and then consider some of the ways that we can adapt our research practices to make them much better adapted to evidence-based practice. These include the use of single—case research designs and novel methods of visual analysis of data.

## Michael Daffern



Michael Daffern is a clinical psychologist by training. He has worked in mainstream adult psychiatry, forensic mental health and correctional settings. Presently, he is Professor in Clinical Forensic Psychology with the Centre for Forensic Behavioural Science at Swinburne University of Technology. He is also Principal Consultant Psychologist with the Victorian Institute of Forensic Mental Health (Forensicare). His research concerns personality disorder and the assessment and treatment of violent offenders and offender rehabilitation more generally.

### *Keynote: The perils of practicing psychology: Aggression, violence and other threats to wellbeing*

*Sunday 31 August 1.30pm*

Workplace violence is common and purportedly increasing, particularly within mental health settings. These behaviours can have significant and wide-ranging consequences for victims, perpetrators and mental health services more generally. Despite the relative lack of research literature exploring their particular experiences, it seems that psychologists are exposed to, and victims of, various acts that threaten their wellbeing and cause them to modify aspects of their personal life and professional activities. Psychologists exposure to acts that threaten their wellbeing is perhaps unsurprising, given the nature of some psychological work and the fact that psychologists are often engaged in the assessment, care and treatment of people who are emotionally and behaviourally disturbed. This lecture will explore violence and other threats to wellbeing for psychologists and the motivations for the actions that threaten their wellbeing and activity. Common responses to victimization and preventative strategies will be discussed.

## Darrin Hodgetts



Professor Darrin Hodgetts is a societal psychologist who has held academic posts at Massey University, Memorial University (Canada), The London School of Economics (UK) and the University of Waikato. Darrin has published over 100 peer reviewed articles in international scholarly journals that span psychology (community, social and health), public health, urban studies, sociology, human geography and media and communications. He has also published five edited books and one co-authored book (The Social Psychology of Everyday Life). The working title for his current book project is 'Urban Poverty, Inequality & Health'. In terms of practice, Darrin

# Keynote Speakers

has worked extensively in the social and health service sector in partnership with leading Non-Government Organizations.

***Keynote: Psychology, inequality and lives characterized by urban poverty***

***Monday 1 September 12.00pm***

Inequality is a major topic of public deliberation today. Psychology has a long-standing tradition of progressive work that responds to increased inequalities in society. In this talk Darrin will advocate for the efforts of psychologists who work supportively for and with people whose lives are characterised by increasing insecurities in income, food, housing, employment and health. He will also critique our less progressive disciplinary tendency to individualise inequalities as if these originate within the personal attributes and behaviour patterns of the 'under class'. In doing so, Darrin will discuss the everyday experiences of adversity of 100 families who live particularly precarious and austere lives. He will focus on the materiality of these lives and will consider how particular objects of despair, such as empty lunch boxes and food cupboards, ill-fitting shoes and clothes and prepaid power meters exemplify and metonymise frustrations, anxieties, depression, conflicts, and injustices in the lives of impoverished people. Central to this keynote is a call for a structurally aware and politically engaged psychology that supports the re-humanising and resourcing of people living in poverty.

## Harlene Anderson



Dr. Harlene Anderson is an international leader in the development of postmodern collaborative-dialogic practices, and applies her approach to therapy, organization development, education, research, coaching and consultation.

Harlene offers personal and business consultations and coaching internationally, nationally and locally, as well as workshops and keynote talks at conferences and meetings. She is dynamic and inspiring, and uses her tools—her insights, her keen interest, her engaging conversational style, her leadership skills—to help and inspire individuals and organizations to achieve clarity, focus, renewed energy, and often surprising results. Harlene is a founder and board member of the Houston Galveston Institute, the Taos Institute and AccessSuccess International. She is an Advisor for

the Taos Institute-Tilburg University Doctoral Program, and an Associate of the Silver Fox Advisors. Her recognitions include the 2008 American Academy of Family Therapy Award for Distinguished Contribution to Family Therapy Theory and Practice, the 2000 American Association for Marriage and Family Therapy award for Outstanding Contributions to Marriage and Family Therapy, and the 1997 Texas Association for Marriage and Family Therapy award for Lifetime Achievement.

***Keynote: Re-thinking Psychotherapy: Collaborative-Dialogue***

***Monday 1 September 2.00pm***

Psychotherapists are challenged to keep up with the changing times in our world, as people demand to have a voice in determining their needs, services offered and decisions that affect their lives. The challenges and demands call for therapists to continually keep this question in mind: "How can our psychotherapy practices have relevance for the people we meet in therapy, what is this relevance and who determines it?" Collaborative-dialogue practice is one response to this question. This presentation will present the highlights of a Collaborative-Dialogue approach to therapy. It will present the underlying philosophical and theoretical assumptions of the approach and their applications for practice..

# Guest Speakers

## Averil Herbert, Angus Macfarlane & Melinda Webber



**Averil Herbert (Ngāti Maniapoto, Ngāti Paretekawa, Kaputuhi):** Dr Averil Herbert has worked for over 30 years as a clinical psychologist in community and Māori settings. She has been active in promoting Māori-centred research and cultural competencies in research, training and practice. She has held professional positions in a range of agencies – secondary and polytechnic teaching, mental health and

social welfare in Rotorua with a commitment to voluntary community work and marae settings; tertiary teaching in psychology at the University of Waikato. She was project manager of the Ka Awatea research initiative. Dr Herbert is a Fellow of the NZ Psychological Society.

**Angus Hikairo Macfarlane (Ngāti Whakaue, Ngāti Rangiwewehi):** Professor Macfarlane is Kaihautū of the NZ Psychological Society. He has a prolific resume of publications and keynote addresses and has established many international collegialities. Dr Macfarlane has been the recipient of many national awards for his academic achievements in Māori education, the most recent being the University of Canterbury Research Medal. Professor Macfarlane was leader of the Ka Awatea research project.

**Melinda Webber (Ngāti Whakaue, Ngāti Kahu, Ngāti HauNgapuhi):** Dr Melinda Webber is a senior lecturer in the Faculty of Education at The University of Auckland where she has worked since 2001. She has many years experience as a primary school teacher. Her research interests relate to the study of racial-ethnic identity development, Māori conceptions of giftedness, and social-psychology. She is currently working full time as a qualitative researcher on the Starpath Project. She took a leadership role on the Ka Awatea research project. Dr Webber was awarded a Fulbright Scholarship for study in the USA in 2012.

***Guest address: Ka Awatea: A tribally-specific examination of Māori student success  
Saturday 30 August at 3.00pm***

The Ka Awatea project has explained success from a Te Arawa worldview, referencing tribal icons as a model. Whilst various Ministry of Education policies, including Ka Hikitia, have stipulated that Māori students should experience success as Māori, none have explained what this might look like for Māori students, whānau and communities. Ka Awatea has identified the individual, family, school and community conditions that enable Te Arawa students and students being educated in Te Arawa schools, to thrive at school and unleash their potential. The tribal research team spent over eight months interviewing students, whānau, expert community members and teachers affiliated with the eight secondary schools – including one wharekura (Māori-medium high school) - involved in this study. The questionnaire data were collected from 68 individuals; and the interview and focus group data were collected from 134 individuals. Kaupapa Māori research principles underpinned a mixed method approach.

## Niki Harré



Niki Harré is an Associate Professor in the School of Psychology at the University of Auckland. Her recent research projects have focused on sustainable communities and schools, positive youth development and political activism. She has given over 100 talks and workshops to community, business and government groups in the past two years. Niki lives in Pt Chevalier, Auckland and has three children. She is a founding member of the Pt Chevalier Transition Town, cycles to work, learns the guitar from a musician who lives on her street, and has a large organic garden thanks to her husband. In 2007 Niki edited, with Quentin Atkinson, the book *Carbon Neutral by 2020: How New Zealanders Can*

*Tackle Climate Change*. In 2011 she released a second book, *Psychology for a Better World: Strategies to Inspire*

# Guest Speakers

Sustainability. It can be downloaded for free from [www.psych.auckland.ac.nz/psychologyforabetterworld](http://www.psych.auckland.ac.nz/psychologyforabetterworld).

***Guest address: The Infinite Game: How to live well together  
Sunday 31 August at 4.00pm***

According to the philosopher James Carse life is comprised of at least two kinds of games. One is finite games, in which the object is to win and the other is the infinite game in which the object is to keep the game in play. Finite games include only select players and have rules that must not change for the duration of the game. In contrast the infinite game welcomes everyone in and the rules must change over time or the game will cease. This interactive talk will provide an opportunity to “play” the infinite game and explore its implications for living well together. There will be a particular focus on the role of psychologists in keeping the infinite game and its associated values in play. Interested participants will be provided with the materials necessary to facilitate infinite games in their own organisations or communities. They will also be invited to join a network of “infinite players” who want to continue exploring these concepts. For more information go to <http://www.infinite-game.net/>.

## Catherine Savage



Dr Catherine Savage (Ngāi Tahu) is the Kaihautū, Chief Executive at Te Tapuae o Rehua. Catherine holds an Education Doctorate from Massey University which focused on the network reviews and school reorganisations of 2004. She has been a senior researcher on several Ministry of Education research and development projects for Victoria University including; Effective Interventions for Challenging Behaviour (EICB, 2007/2008), the Evaluation of Te Kotahitanga (2007-2009), and Kaupapa Māori Interventions for SBI (2010). More recently she has worked alongside the University of Canterbury in her role as Kaihautū of Te Tapuae o Rehua evaluating Kaupapa Māori Teams (SE) (2011) and developing Huakina Mai: A strengths based relational intervention for schools (2012). As Kaihautū she has led educational innovations such as He Toki ki te Rika, Māori trade training and Mau ki te Ako, culturally responsive professional learning. Catherine's research interests lie in educational psychology, learning and behaviour with an emphasis on culturally responsive practice.

***Guest address: Huakina mai: Strengths based behaviour intervention for schools-  
Monday 1 September at 11.00am***

Huakina mai is a Māori initiative designed to support strengths based school wide relational intervention under the Ministry of Education policy Positive Behaviour for Learning (PB4L). The foundations of Huakina Mai draw from literature on culturally responsive behavioural interventions, key evidence from two research evaluations in 2011, and practice based evidence gathered from focus groups, interviews, and exemplar schools. This development phase of Huakina mai called “He kai mō te hinengaro” comprised of nation-wide data gathering over one year and was made up of Māori scholars, practitioners, students and whānau. An analysis of interview and observation data identified seven underpinning themes significant to the development and integrity of an indigenous school wide behaviour programme. This presentation examines the findings from the data collected and presents the draft framework. Huakina mai is currently in a pilot phase delivered in partnership with iwi in two New Zealand schools.



## Opening Speaker, Saturday 9.30am

---

### ***Nelson Mayor Rachel Reece***

Elected Nelson's first female Mayor on October 18, 2013, Mayor Reese has served on Nelson City Council for six years, including three as Deputy Mayor. She has extensive resource management, business, local government and community expertise and has a Graduate Diploma in Business Studies (Dispute Resolution) specialising in Mediation.

## Public Talk and Forum - Sunday 2.30pm

---

### ***A.J.W Taylor, Emeritus Professor of Psychology, Victoria University of Wellington, NZ*** ***The 1964 Wellington study of Beatlemania***

During the three-day Beatles' visit to Wellington in June 1964 an Honours class in clinical psychology set out to objectify some of the major parameters of crowd reaction. Advance publicity warned of the hysterical response, mainly of young women, to the sight, sound and lyrics of four working-class lads from Liverpool. Accordingly, access was made to sample a range of people from the general community to ascertain their levels of clinical hysteria, personality structure, and social inclusion. Direct observations were made at two concerts, and John Lennon was interviewed to discover the elements the musical group targeted to achieve the particular effects.

### ***Individual, Family and Community Well-being: What the political parties are saying.***

Description: As we prepare to cast our votes in the 2014 election, it is timely to evaluate the policies being advanced by the major political parties from the point of view of what those policies might offer in terms of enhancing the psychological well-being of New Zealanders. In this forum, the Institute of Community Psychology Aotearoa (IComPA) will convene a panel of spokespersons from the main political parties. Each panellist will be given 5 minutes to address the following question: What will your party's policies do to enhance the wellbeing of individuals, families and communities in New Zealand? Following the opening comments, questions will be invited from the floor. These may be directed to the panel as a whole or to a specific member of the panel.

## WORKSHOPS, Friday 29th August

---

1/ Collaborative-Dialogue: Improving the Success of Therapy through Re-thinking the Therapist's Role and the Therapy Process - *Harlene Anderson*

2/ Violence within institutions. - *Michael Daffern*

3/ Resilience under pressure - *Fiona Howard & Gaynor Parkin*

4/ How Ideas become Practical Applications with Organisational and Commercial Impact - *Andrew Munro*

5/ Māori psychology forum - *Erana Cooper, Waikaremoana Waitoki, Linda Waimarie Nikora & Ngahuia Te Awekotuku*

*See page 55 for full workshop descriptions*

---

**Save the date**



**New Zealand Psychological Society  
Annual Conference 2015  
28 - 31 August  
at The University of Waikato, Hamilton**





# SATURDAY 9.00AM - 1.00PM

8.00am	Registration Desk Opens				
9.00am	Welcome & Mihi Whakatau; Opening Address: The Mayor of Nelson, Rachel Reece - Matai 1				
10.00am	Keynote Speaker: Ainsleigh Cribb-Su'a - Matai 1				
11.00am	Morning Tea				
Rooms	MATAI 1	RIWAKA	WAIMEA	HEAPHY	WAIRAU
	Bicultural Psychology Chair: Waikaremoana Waitoki & Julie Wharewera-Mika	Working well Forum Chair: Frank O'Connor	Wraparound Symposium Chair: Ruth Gammon	Therapist Challenges Chair: Cheryl Woolley	Health Psychology Research and Practice Symposium Chair: Iris Fontanilla
11.30am	<u>Recipient of the Karahipi Tumuaiki 2013</u> Cognitive Neuropsychological Functioning in New Zealand Māori Diagnosed with Schizophrenia- Tai Kake	1. Working well – more than the absence of mental illness - Hugh Norris 2. Fitness for work – why fatigue is the greatest challenge facing workforces- Matthew Beattie 3. Fatigue management strategies for high fliers and low liars- Frank O'Connor 4. Sustained and high well-being – but with too much caffeine? - Charlene Neuhauff	1. An Evidence-Based model of Wraparound for High and Complex Needs Youth and Families - Ruth Gammon	1. The expected course of change for clients undertaking Cognitive Behavioural Therapy as predicted by experienced and novice clinicians - Amber Fletcher	1. Does kindness matter? The case for self-compassion in health psychology - Anna Friis
12.00pm	A programme-wide approach to embedding Māori psychological knowledge - Natilene Bowler		2. Wraparound for Mental Health High and Complex Needs in a DHB setting- Roy Bergquist	2. Being a psycho-oncologist - Colette Nixon	
12.30pm	PeARLs: Identifying the benchmark competencies that define professional psychology: Perspectives from Aotearoa/New Zealand - Waikaremoana Waitoki		3. Wraparound From the Youth and Family's Perspective - Jacinda Shailer	3. Therapists' challenges in bringing therapeutic change for individuals in a therapeutic group setting - Evelyn Aranos	2. Stepping outside the box - Eva Morunga
1.00pm	LUNCH				

# SATURDAY 2.00PM - 6.30PM

Keynote Speaker: Andrew Munro- Matai 1						
2.00pm			I/O Psychology contd.	Wraparound Symposium contd.	Clinical Psychology Chair: Amanda Shea Hart	Health Psychology contd.
	Guest Address Angus Macfarlane, Averil Herbert & Melinda Webber Ka Awatea: A tribally-specific examination of Māori student success	5. Killer data: The importance of real-world, real-time, real-practical, and real-contextualised wellbeing assessments in organisations - Aaron Jarden 6. The role of mindfulness and psychological capital on the well-being of organizational leaders - Maree Roche Discussion: Are we doing all we can to make working well more likely?		4. Ministry of Education Intensive Wraparound Service - Toni Hyde & David Pluck	Therapists' constructions of couple therapy with lesbian clients - Elizabeth du Preez	3. Understanding Advance Care Planning- Marie Young
3.30pm					Of Sound Mind to Marry: Assessment of Marital Maladjustment and Couples Counseling - Jim Bierman	4. Challenges in diabetes and renal failure: contributions of Health Psychology practice - Lisa Hoyle
4.00pm	Afternoon Tea					
	Bicultural Psychology contd.	I/O Psychology contd.	Clinical Psychology Chair: Aaron Jarden	Neuropsychology Chair: Janet Leathem	Health psychology contd.	
4.30pm	Strategies to reduce the use of seclusion and restraint with tāngata whai i te ora in adult inpatient services in Aotearoa- Erana Cooper & Julie Wharewera-Mika	Item analysis of the Earning Capacity Assessment Form-2 - James Athanasou	Using trauma focussed Cognitive Behavioural Therapy can lead to a reduction in auditory hallucinations: A Pasifika case example - Mark Franks	Family Socio-economic Status, Caregiver Mental Health and Child Outcomes at 1 Year Following Traumatic Brain Injury - Kelly Jones	5. Weaving a kete in primary care - Janine Thomas	
5.00pm	The inclusion of cultural concepts in the evaluation of Kaupapa Māori programmes - Bridgette Masters-Awatere	Is it possible to formally evaluate practitioner-led workplace interventions - Paul Barrett	A Qualitative Exploration of the Psychotic Process, From Onset to Full Recovery - Paris Williams	Introducing the CASDECT: a new cognitive screening measure for use during a course of ECT - Janet Leathem	6. The Big White Wall: a therapeutic community now available in NZ - Liesje Donkin	
5.30pm	Seeking wellbeing for Māori women with bipolar disorder: Creativity and art - Parewahaika Harris	Case Study: Evaluating the impact of a Leadership Development Programme in the New Zealand Defence Force- Delwyn Neill	Psychosomatic Symptoms in Asian Populations: More Than a Headache? - Gen Numaguchi	Practitioners' Processes and Attitudes Involved in the Diagnosis of Cognitive Impairment - Alison McKinlay	Upright Posture Improves Emotions and Stress Response in People with Mild to Moderate Depression- Corissa Wilkes	
6.00pm	Mana ki te Mana: Shifting Teacher Practice - Porsha London & Sonja Macfarlane	Building high performing teams – a case study exploring the modification of team dynamics in a contact centre environment - Clare Bennett	Dominant Species Syndrome: A new concept to understand unsustainable human behavior on the planet - Amanda Shea Hart	Neuropsychological Assessment and Reporting Writing Practice: Is there a common standard in New Zealand - Matthew Manderson	Health Psychology in a Commercial Environment: Crossing the Divide - Claire O'Donovan	
6.30pm	Whakawhanaungatanga (complimentary drinks and nibbles) - in the foyer					

# SUNDAY 8.00am - 12.30pm

8.30am	Institute AGMs ICP and ICJFP in Matai1	IHP in Riwaka	ICounsPsy in Waimea	IComPA in Heaphy	IEDP in Wairau
9.00am	<b>Keynote Speaker: Neville Blampied - Matai 1</b>				
10.00am	<b>Morning Tea</b>				
Rooms	MATAI 1	RIWAKA	WAIMEA	HEAPHY	WAIRAU
	Ethics Panel Chair: Rhonda Pritchard	Community Psychology Chair: Neville Robertson	Therapeutic Alliance Chair: Joshua Myers	Clinical/forensic Psychology Chair: Ian de Terte	Clinical Psychology Chair: Iris Fontanilla
10.30am	<b>Ethics in the Real World: Why there are few short answers.</b> Rhonda Pritchard, John Fitzgerald, Jack Austin	The impact of positive and negative emotions on people's decision-making in emergencies - Satomi Mizutani & Tomoko Koda-Dallow	1. Therapeutic Alliance Findings and Relationship to Treatment Outcome - Joshua Myers	Psychological Resilience: A Model Based on Scientific Evidence - Ian de Terte	Experiences of antidepressant use: Good, bad and ambivalent - Kerry Gibson
11.00am		Visualising an Irresistible (Sustainable) Future: World's First Community-Level Feedforward - Peter Dowrick	2. Therapeutic Alliance in Practice - Gerard Pauley	Resilience in Pākehā Culture - Samantha Brennan	A simple model for helping clients resolve fundamental dilemmas that keep them stuck - Jackie Feather
11.30am		Tell me what you eat and I will tell you who you are - and where you are from. Food as a nexus for culture and tradition - Rebekah Graham	3. Therapeutic Alliance and Offenders - Juanita Ryan	The pro's and con's of "Legal Highs" - Celeste Barcham	Is seeing really believing? The impact of different trauma experiences on the development of new mental health issues in a sample of adults with anxiety disorders. - Meredith Blampied
12.00pm		Whānau Ora in the context of domestic violence: Reflections on an evaluation of the Wellbeing Service of Te Whakarururau - Neville Robertson	4. Therapeutic Alliance with Children, Adolescents and Families - Kirsten Dempster-Rivett	From psychological report to 'minority report', or why psychologists should learn to stop worrying and love public protection laws - Armon Tamatea	Mindfulness Treatment of Eating Disorders: A Qualitative Analysis of Therapists' Experiences - Nadia Mysliwiec
12.30pm	<b>Lunch</b>				

# SUNDAY 1.30pm - 6.00pm

1.30pm	Keynote speaker: Michael Daffern - Matai 1				
	Matai 1	Bicultural Psychology Chair: Waikaremoana Waitoki & Julie Wharewera-Mika	Waimea	Clinical Psychology contd. Chair: Jackie Feather	Clinical Psychology contind. Chair: Kerry Gibson
2.30pm	Public forum with politicians	<u>Recipient of the Karahiipi Tumauaki 2014</u> Social disadvantage, ethnic identification, and mental health in Māori adolescents. - Mihiroa (Whitney) Gillies	Public talk with Tony Taylor "Beatlemania"	The integrated intern: a modern means to practice - Barbara Kennedy	Poor recognition relative to recall performance on neuropsychological tests of episodic memory - Simon Walker
3.00pm		Ngāpuhi accounts of Māori-settler relationships: A Pākehā response to "Ngāpuhi Speaks" - Ingrid Huygens & Ray Nairn		Being valued and connected: How Christchurch psychologists maintain and build their resilience through adversity - Fiona Howard	Taking neuroleptics in NZ: preliminary results of The Experiences of Antipsychotic Medication Survey - Miriam Larsen-Barr
3.30pm	Afternoon Tea				
	Guest Address	Bicultural Psychology Chair: Moana Waitoki & Julie Wharewera-Mika	Experimental Psychology Chair: Peter Coleman	General Psychology Chair: Fiona Ayers	Clinical Psychology Contd. Chair: Kerry Gibson
4.00pm	<u>Guest Address:</u> Niki Harre- The Infinite Game: How to live well together	Whakawhanaungatanga and Personal Challenges in Māori Leadership: Stories from the Boardroom to the Marae - Maree Roche	How to augment risk perception: the high road or the low road? - Jo Secher	Introduction to the new WPPSI-IV – Australian & New Zealand Edition: Research, Development and Interpretation - Elise Harrison	Metaphors in motion - Science meets Simplicity - Geraldine Keith
4.30pm			Empathetic vs Cynical Orientations among New Zealand and Hong Kong Undergraduates - Larry Powell		ACC Presentation
5.00pm	NZPSS AGM in RIWAKA				
7.30pm	Conference Dinner - Trailways restaurant				

# MONDAY 9.00AM - 4.00PM

Rooms	MATAI 1	WAIMEA	HEAPHY	RIWAKA
	<b>Family/Clinical Psychology</b> <b>Chair: Barry Parsonson</b>	<b>Workshop</b> <b>Chair: Kerry Gibson</b>	<b>Research &amp; Practice</b> <b>Chair: Barbara Kennedy</b>	<b>Emotion Science Symposium</b> <b>Chair: Michael Philipp</b>
9.00am	<i>Korean migrants' experiences and attitudes of mental health and mental health services in New Zealand - Leah Oh</i>	<b>Future Directions for Psychology in Aotearoa: A Time of Transition</b>	<i>1. PTSD, Resilience and Fear: Responses of Adolescents to Christchurch Earthquakes - Tim Heetkamp</i>	<i>1. Smiling to Smiles After Exclusion: Social Rejection Enhances Affiliative Signalling- Michael Philipp</i>
9.30am	<i>Psychology in the Service of Humanity: 17 years of "The Children of Georgia" - JaneMary Castelfranc-Allen</i>		<i>2. Different Audience, Different Story, Same Facts - Charlene Neuhoﬀ</i>	<i>2. Emoticons as genuine expressions of emotion- Tracey Bear</i>
10.00am	<i>Fetal Alcohol Spectrum Disorder: A Preventable Epidemic - Barry Parsonson</i>		<i>3. Pieces of a Puzzle: Integrating TBI rehabilitation Therapy Through Functional Analysis - Natasha Browne</i>	<i>3. Do Hypoxia-driven Changes in Mood Affect Cognition? - Stephen Hill</i>
10.30am	Morning Tea			
		<b>Workshop continued</b>		<b>Emotion Science continued</b>
11.00am	<b>Guest Address:</b> <b>Catherine Savage</b> <b>Huakina mai: Strengths based behaviour intervention for schools</b>	<b>Future Directions for Psychology in Aotearoa: A Time of Transition</b>		<i>4. Predictably regretful: A comparison of the effects of time, domain, justification, and life rule contradiction on the intensity of regrets- Matt Williams</i>
11.30am				<i>5. The effect of gender and cognitive errors on depressive symptoms in adolescence - Tatiana Tairi</i>
12.00pm	<b>Keynote Speaker: Darrin Hodgetts - Matai 1</b>			
1.00pm	LUNCH			
2.00pm	<b>Keynote Speaker: Harlene Anderson- Matai 1</b>			
3.00pm	<b>The Psychologists Board - Matai 1</b>			
4.00pm	<b>CONFERENCE FINISHES</b>			



APPLY NOW  
LIMITED PLACES AVAILABLE

# Doctorate in Clinical Psychology

**3 years full-time, based in the UK starting September 2015**

Accredited by the British Psychological Society and the UK Health Professions Council

Train to become a Clinical Psychologist on the UK's second largest Clinical Psychology Doctoral programme.

Self-funded places available for international students starting in September 2015 at Canterbury Christ Church University (south east of England).

This established Doctorate combines clinical, academic and research training to promote the highest quality of professional practice. UK-based clinical work placements will be undertaken in private, charitable and public sectors, working with people of all ages and with different needs.

**LOCATION:** Canterbury Christ Church University's Salomons Centre  
near Royal Tunbridge Wells  
Salomons offers superb facilities in a unique location and only 1 hour from London by road and rail.

**COST:** £23,000 per year plus placement fee

**APPLICATION DEADLINE:** Friday 9 January 2015

**APPLY NOW:** Limited places available. Contact us now to find out more about the programme, entry requirements and how to apply:

t: 0044 333 0117 112

e: [linda.hammond@canterbury.ac.uk](mailto:linda.hammond@canterbury.ac.uk)

[www.canterbury.ac.uk/clinicalpsychology](http://www.canterbury.ac.uk/clinicalpsychology)

Canterbury Christ Church University is a modern, multi-campus university, with a strong focus on teaching, learning and research for the professional public services including health and social care.

The University has a postgraduate community of over 1200 students drawn from over 80 countries and has been granted "Highly Trusted Status" under Tier 4 of the UK Border Agency's points-based system.

The University and its staff have a national reputation for excellence in teaching and research in Clinical Psychology.



## Salomons Centre

Canterbury Christ Church University  
Salomons Centre, nr Royal Tunbridge Wells, Kent



# Posters

---

Posters will be displayed in the Foyers on Level 1 for the entire conference

**Poster Board 1**

*Breastfeeding Peer Counselling – normalisation and confidence-building*

**Kathryn Jenner**

**Poster Board 1**

*An Evaluation of the Incredible Years Parent Programme in New Zealand*

**Yan Yan Lei**

**Poster Board 1**

*Hippocampal functioning and the ability to reconstruct autobiographical memories*

**Matt McDonald**

**Poster abstracts are on page 53-54**

**Poster Board 1**

*The application and effectiveness of Hearing Voices Groups within a Pacific Island mental health service*

**Mark Franks**



**psych**  
RECRUITMENT

## Need to hire a Psychologist?

Struggling to fill your vacancies?  
Can't find the skills or experience you need?

**Contact Psych-Recruitment Ltd**  
*the psychologists' recruitment specialists*

**Email Doug McCall on:**  
**[doug@psych-recruitment.com](mailto:doug@psych-recruitment.com)**

*Psych-Recruitment is trusted by leading employers for its expertise in acquiring talented psychologists.*

**[psych-recruitment.com](http://psych-recruitment.com)**





# Sponsors

---



Te Kaporeihana Āwhina Hunga Whara

**ACC – New Zealand’s injury prevention and rehabilitation scheme**

At ACC, we help people with injuries covered by the ACC Scheme get the rehabilitation necessary to achieve a swift return to work or everyday life.

Along with other Government agencies, we also help promote injury prevention – since the best way to reduce the personal and financial cost of injury is to stop injuries from happening in the first place.

For more information about the type of help available from ACC, please call 0800 101 996 or visit [www.acc.co.nz](http://www.acc.co.nz).

*see their presentation abstract on page 47*



New Zealand  
**PSYCHOLOGISTS BOARD**  
Te Poari Kaimātai Hinengaro  
o Aotearoa

## **The Psychologists Board**

The Psychologists Board is, in accordance with the responsibilities and functions defined in the HPCA Act, the body mandated to oversee the training, registration, continued competence and conduct of psychologists in New Zealand. The principal purpose of the HPCA Act is “to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions.”

The Board is directly accountable to the Minister of Health in his or her role as the guardian of the health and safety of the public. This orientation of the Board can be contrasted with other professional organisations such as the New Zealand Psychological Society and the New Zealand College of Clinical Psychologists which represent the interests of their psychologist members. Although the Board may guide the profession, their primary mandate is the protection of the public. Contact: Phone: +64 4 471-4580, email: [info@nzpb.org.nz](mailto:info@nzpb.org.nz)

*see their presentation abstract on page 52*

# Exhibitors

---



**NZCER Psychological Test Services** supply and provide advice on a wide range of psychometric tests for use in education, clinical psychology and human resources. Tests are available for purchase from a number of well respected international test publishers. In addition to our range the Test Services can source other tests for specific

needs. If we don't have what you are looking for please contact us. We may be able to source it for you, or advise where to go next. Please give us a call if you are looking for a specific test or to discuss your testing requirements. Contact our team at [testadvisory@nzcer.org.nz](mailto:testadvisory@nzcer.org.nz) 04-8021399 or visit [www.nzcer.org.nz](http://www.nzcer.org.nz)

The Pearson logo consists of the word 'PEARSON' in a white, bold, sans-serif font, centered within a solid maroon rectangular background.

PEARSON

## **Pearson, your testing and assessment partner.**

As the global leader in clinical assessments for psychologists, Pearson is proud to deliver standardised assessments of the highest quality, including the Wechsler Scales, the Beck Scales, the MMPI and MCMI families. Our dedicated team of client services representatives provides

you with the day-to-day support that you need, whilst our consultant psychologists deliver product focused training and support to assist you with your everyday assessment needs.



**Cengage Learning** – Higher Education helps lecturers teach and students learn in universities around Australia and New Zealand. We focus on creating innovative resources that engage students and excite learners. Through excellent research and knowledge, Cengage Learning develop inspired educational solutions that empower learners and enhance productivity.



**Wilkinson Insurance Brokers Ltd** is 100% New Zealand owned and operated.

We provide a specialist Professional Indemnity package which provides insurance protection for registered psychologists who are financial members of the New Zealand Psychological Society.

Professional Indemnity Insurance Package Features and Benefits:

- You receive a 10% discount on your first year's premium.
- Dedicated Medico Legal Specialist Lawyer to provide aid in the event of a claim
- Free access to Employee Assistance Programme services up to the value of \$5,000 with a maximum four sessions in the event of a claim.
- Free cover for intern students who hold an intern practising certificate and are student members of NZPsS.
- Package includes your choice of limit of indemnity for Professional Indemnity cover but also provides automatic limit of indemnity of \$1,000,000 for Public Liability insurance.

Please note we sell other forms of insurance that can greatly assist members and we welcome the opportunity to provide a quotation.

Please do not hesitate to contact [lucy.rowe@wilkinsons.co.nz](mailto:lucy.rowe@wilkinsons.co.nz) for all queries and quotes.

# Exhibitors

---



**EAGALA** is the Equine Assisted Growth and Learning Association. Internationally recognised and utilized as a powerful context for therapeutic change. Mental health services and the military use the model in the UK, USA, Norway and other European countries. An EAGALA team consists of an Equestrian Specialist (ES) a Mental Health Specialist (MH) and the horse and the herd.



Working Well is the New Zealand Mental Health Foundation's programme designed specifically for workplace settings, covering mental wellbeing awareness, early intervention and whole-of-organisation promotion. Working Well exists to help employers and their employees build, maintain and recover mental wellbeing so that their work can be done well, now and into the future. To do this, employers need employees who are mentally fit for work. We assist organisations as our clients, advising

on ways they can get the best out of their people, as individuals, in work teams and across the organization as a whole. We believe the workplace provides an excellent opportunity for people to become more aware of their own health - mental and physical - and the health of their colleagues. Rather than burden busy workplaces with large 'how to' manuals and documents on mental health, we have condensed the extensive research on what contributes to good mental health and provide easily accessible, interactive and memorable activities, insights and ideas through our workshops. Working Well increases the knowledge and skills of staff and managers to maintain and build mental wellbeing in individuals at work, teams and workgroups, and whole organisations. Working Well provides information and guidance for those responding to or recovering from losses of mental wellbeing in and around the workplace.

# Abstracts Index

---

## Saturday 30 August from Page 27

### Morning

Bicultural Psychology - p27  
Industrial/Organisational Psychology - p28  
Wraparound symposium - p29  
Therapist Challenges - p29  
Health Psychology - p30

### Afternoon

Industrial/Organisational Psychology continues - p31  
Wraparound symposium continues - p33  
Clinical Psychology - p33  
Neuropsychology- p35  
Health Psychology continues - p35  
Clinical Psychology - p36  
Bicultural Psychology - p37

## Sunday 31 August from Page 39

### Morning

Ethics Panel - p39  
Community Psychology - p40  
Therapeutic Alliance - p41  
Clinical/Forensic Psychology - p42  
Clinical Psychology - p43

### Afternoon

Bicultural symposium continues - p44  
Clinical Psychology - p45  
Clinical Psychology continues - p46  
Experimental Psychology - p47  
General Psychology - p47  
ACC presentation - p47

## Monday 1 September from Page 49

### Morning

Family/Clinical Psychology - p49  
Workshop "Future Directions" - p49  
Research and Practice - p50  
Emotion Science - p50

### Afternoon

Psychologists Board presentation - p52

# Programme & Abstracts, Saturday 30th

S  
A  
T  
U  
R  
D  
A  
Y

9am - 10am	Mihi whakatau
10.00am	Keynote Speaker
11am	Morning Tea
11.30am-1.00pm	Symposia
1.00pm	Lunch
2.00pm	Keynote speaker
3.00pm`	Guest address
3.00pm - 6.30pm	Symposia
4.00pm	Afternoon Tea
6.30pm	Whakawhanaungatanga

## Morning 11.30am- 1.00pm

### Bicultural Psychology

*Chair: Moana Waitoki & Julie Wharewera-Mika*  
11.30am - 1.00pm Matai1

11.30am

#### **Recipient of the Karahipi Tumuaki 2013**

#### **Cognitive Neuropsychological Functioning in New Zealand Māori Diagnosed with Schizophrenia**

*Tai Kake*

Schizophrenia is a severe mental disorder involving psychotic symptoms such as delusions, hallucinations, and impairment of cognitive processes such as attention, executive ability, learning and memory. The degree of cognitive impairment is substantial and is associated with poorer employment, social, and community outcomes. This has led some authors (Heinrichs 2005) to suggest that cognitive impairment is the primary feature of schizophrenia, and therefore should be the main target for treatment. A series of New Zealand studies suggest Māori may have an elevated rate of schizophrenia and the high rates of hospitalisation for schizophrenia for Māori have been described as 'alarming' (Baxter, 2008). However, very few studies have examined the clinical features of the schizophrenia in this population, and in particular cognitive impairment. The present study compared 54 adult Māori diagnosed with schizophrenia with 56 Māori 'controls' on a range of neuropsychological tests. The schizophrenia group showed a profile of generalised cognitive impairment with greater impairment of verbal memory. The cognitive impairment was independent

of psychotic symptoms but was associated with a higher antipsychotic dose, higher anticholinergic burden, and a longer duration of illness. These findings have implications for clinical prescribing practices and rehabilitation for New Zealand Māori diagnosed with schizophrenia.

[tai.kake@gmail.com](mailto:tai.kake@gmail.com)

12.00pm

#### **A programme-wide approach to embedding Māori psychological knowledge**

*Natilene Bowker, Senior Lecturer in Psychology, Open Polytechnic of New Zealand*

This paper overviews the development of embedding Māori psychological knowledge within an undergraduate psychology programme. Rationales for this include: positioning of the psychology programme within an Aotearoa New Zealand cultural context; improving the programme's cultural relevance to Māori (including Māori students); and deeper understanding of the requirements of cultural competency (especially for those wishing to enter postgraduate study and later psychological practice). Central to this is repositioning an elective stage 2 Te Hauora Hinengaro course as a core (alternative) degree course. Connected to this is making room for other ways of knowing in addition to a traditional scientific paradigm, critically reflecting on knowledge and interpretations as culturally bound, and understanding Aotearoa New Zealand's unique cultural and bicultural history. Some of the challenges currently faced include defining what a bicultural review of a course means, and working collaboratively to achieve a programme-wide outcome, while courses have their own frames of reference.

[natilene.bowker@openpolytechnic.ac.nz](mailto:natilene.bowker@openpolytechnic.ac.nz)

12.30pm

#### **PeArLS: Identifying the benchmark competencies that define professional psychology: Perspectives from Aotearoa/ New Zealand.**

*Dr Waikaremoana Waitoki, Research Officer/ Clinical Psychologist, Māori and Psychology Research Unit, University of Waikato, Dr Rosanne Black, NSCBI: Poverty Action Waikato, Erana Cooper, NSCBI; University of Auckland & Bridgette Masters-Awatere, NSCBI; University of Waikato*

In 2013, an international forum was held in Stockholm, Sweden to develop "a global agreement on identifying the benchmark competencies that define professional psychology". Since then a working-party and reference group, including Waikaremoana Waitoki and Rose Black, has been established to progress the now entitled International Project on Competence in Psychology (IPCP): Competence as a Common Language for Professional Identity and International Recognition. Possible outcomes of the project include: the development of common standards that frame core competencies across the world; and the establishment of qualifications, either attached or separate to existing qualifications, which facilitate

# Programme & Abstracts, Saturday 30th

S  
A  
T  
U  
R  
D  
A  
Y

psychologists' mobility across borders. The purpose of this session is to describe the status of the project and to elicit from participants their unique perspectives from Aotearoa/New Zealand as to the necessary knowledge, skill and abilities crucial to a global definition of competency. An invitation is extended to all conference delegates to contribute their expertise.

moana@waikato.ac.nz

## Industrial & Organisational Psychology Symposium

### Are we doing all we can to make working well more likely?

This series of interactive presentations with open form to follow looks at needs of organisations to improve the psychological wellbeing of their personnel, and of overall business performance.

*Chair: Frank O'Connor*

11.30am - Riwaka

11.30am

### Working well – more than the absence of mental illness

*Hugh Norriss, Director of Policy and Development, Mental Health Foundation*

Working Well is the Mental Health Foundation of New Zealand's programme for providing services to support and improve mental health in the workplace. We combine our in-house expertise on mental health and psychological well-being and our relationships with top quality organisational well-being practitioners to provide seminars, workshops, consultancy and on-going support. We work with line managers, to give them confidence, understanding and practical applications to deal positively with the psychological health of employees. This presentation telescopes a half day interactive workshop covering the following topics:

- Common mental health problems, signs and symptoms and how to positively respond
- Some common myths around mental illness
- The difference between stress and a mental illness
- Employer responsibilities towards someone who is mentally unwell
- How to communicate mental health messages in a positive and non threatening way
- Tips and strategies for overcoming unhelpful thinking habits that can increase stress, depression and anxiety
- The positive side of mental health – how to harness this in your team to improve wellbeing, productivity and emotional intelligence

hugh@mentalhealth.org.nz

11.50am

### Fitness for work – why fatigue is the greatest challenge facing workforces

*Matthew Beattie, Chief Executive, Instep Limited*

The need for New Zealand workplaces to respond to the tired state of workers is accentuated by additional responsibilities under new occupational safety and health legislation. This has seen a rise in the provision of assessment and training services, and of interventions to maintain and improve fitness for work in employed and contracted personnel. These services span employee assistance programmes (EAP), trauma support, mental healthiness, professional supervision, alcohol and drug free workplaces, bullying and stress reduction.

Requiring a mix of recent and robust psychological research and pragmatic business delivery, clients needs are described, such as for fitness for work and resilience building services, fatigue management, supervisor skills in identifying employee risk, and mental healthiness in the workplace. New forms of organisational intervention are required to reduce these, as the traditional approach of changing the behaviour of one person at a time will take too long for a single organisation of more than 5000, or for a whole industrial sector. This presentation compares themes emerging here with those found across the Tasman and makes suggestions about areas for future work.

matthew.beattie@insteplimited.com

12.10pm

### Fatigue management strategies for high fliers and low liars

*Frank O'Connor, Working Well Coordinator, Mental Health Foundation/Organisational Consultant, Instep Limited*

Learning fast. Working hard. Achieving well. Burning out. Is the sequence inevitable for anyone? The link from fatigue through stress to depressive and anxious overloads indicates a need in New Zealand workplaces for assistance in identifying workers at risk. Medical emphasis on clinical criteria delays provision of assistance, when compared to the loss of work functional effectiveness. The stigma of mental illness prevents a considerable proportion from self disclosing, and perhaps from self-identifying. Many people tend to say they are doing fine, even when they know they are not, because it is embarrassing to admit to being a mental health failure. But self-report of the sensations of fatigue on a regular basis appears to offer early indications of individual overload. Reviews of group interactions that are particularly sensitive to losses as fatigue rises appear to indicate team overload. Early intervention for all personnel (not just those 'failing' to meet a threshold) assists team members in supporting those most affected, with benefits for the whole team as well as the individuals most at risk. There are similar approaches possible to use the strengths of groups to support members experiencing stress, mood losses and worry.

franko@moa.net.nz

12.30pm

### Sustained and high well-being – but with too much caffeine?



# Programme & Abstracts, Saturday 30th

S  
A  
T  
U  
R  
D  
A  
Y

*Charlene Neuhoff Intern Psychologist, Instep Limited / Mental Health Foundation / Massey*

In this case study, we look at how wellbeing training helps employees capitalize on behaviours already contributing to their wellbeing, and helps them to identify areas which need urgent attention. Management reinforce this through support for the personal wellbeing strategies developed by employees. Communicating patterns of results from self-assessments done during training is expected to improve employees' awareness of the issues many of them face. This communication also demonstrates the importance the employer places on their wellbeing and safety. In this case, we see patterns of results from self-assessments that suggest:

- Few employees are experiencing severe stress or feeling overwhelmed at work
- Most employees are willing to take charge of what is within their power to change
- Most employees report that they already engaging in healthy lifestyle behaviours
- A significant number of employees are feeling fatigued and are concerned by it
- Employees are engaging in high caffeine use – which may be coping with the fatigue.

[charlene\\_neuhoff@hotmail.com](mailto:charlene_neuhoff@hotmail.com)

## Wraparound Symposium

*Chair: Ruth Gammon*

11.30am - Waimea

Wraparound Services have been demonstrated as promising treatment for high and complex needs youth and their families. Wraparound services have become more prevalent in New Zealand and have been evaluated with effective outcomes. This symposium will present an overview of the Wraparound model developed by the National Wraparound Initiative (NWI), which is the primary evidence based model: the models of Wraparound being used in New Zealand in two different sites (Waitemata DHB ICSS and the Ministry of Education), and outcomes from recent evaluation research from the youth and families' perspective.

11.30am

### **An Evidence-Based model of Wraparound for High and Complex Needs Youth and Families**

*Ruth A Gammon – Sr. Lecturer/ Clinic Director - Massey University –Wellington*

In 2004 (through the National Wraparound Initiative), youth, families, providers and researchers, and others came together (in the USA) in a collaborative effort to develop an effective wraparound model with specific strategies, tools and guidelines. This has evolved into an evidence based practise model with 4 phases / 10 principles and fidelity instruments to ensure effective implementation. In this presentation the NWI model and theory of change will be reviewed along with the supporting evaluation research.

[r.gammon@massey.ac.nz](mailto:r.gammon@massey.ac.nz)

12.00pm

### **Wraparound for Mental Health High and Complex Needs in a DHB setting**

*Roy Bergquist – Program Manager ICSS Waitemata DHB*

Waitemata ICSS team has provided intensive wraparound services to youth and families referred from local CAMHS and CYF, based on the NWI model. The program began in 2001 and has served approximately 200 youth and their families. The team consists of multi-disciplinary mental health providers, including a psychologist, nurse, social workers, and psychiatrist, who work intensively with the family, youth, service providers and the family's natural resources to stabilise youth with high and complex mental health needs. They provide a comprehensive plan and work collaboratively to ensure effective services are 'wrapped' around the family. The program and specific case examples will be presented. The ICSS team have made adaptations to the NWI model to meet the needs of New Zealanders. Additionally, the principles of the Treaty of Waitangi and wraparound will be examined and compared to ensure a bi-cultural approach.

[Roy.Bergquist@waitemataadhb.govt.nz](mailto:Roy.Bergquist@waitemataadhb.govt.nz)

12.30pm

### **Wraparound From the Youth and Family's Perspective**

*Presenter: Jacinda Shailer – DCLinPsych Student – Massey University*

*Ruth A Gammon – Massey University  
Ian deTerte – Massey University*

This presentation will cover youth, families', and team members' experiences of Wraparound services. Brief interviews were done with families who participated in wraparound services through a DHB setting. Sixteen families, ten youth and sixteen team members were interviewed and a thematic qualitative analysis was done with emerging themes that support the philosophies of wraparound. These philosophies from the youth and families' perspectives will be presented giving insight to what is important to the client.

[J.Shailer1@Massey.ac.nz](mailto:J.Shailer1@Massey.ac.nz)

### **Therapist challenges in bringing about client change: Multiple perspectives**

*Chair: Cheryl Woolley*

11.30am - Heaphy

This symposium showcases the work of three clinical doctorate students investigating therapeutic challenges in bringing about change using differing therapeutic modalities. Insights and experiences from both experienced and novice clinicians are examined in an effort to shed light on core factors considered to be essential in



# Programme & Abstracts, Saturday 30th

S  
A  
T  
U  
R  
D  
A  
Y

working with different client populations.

11.30am

## **The expected course of change for clients undertaking Cognitive Behavioural Therapy as predicted by experienced and novice clinicians**

*Amber Fletcher, Doctor of Clinical Psychology Candidate, School of Psychology, Massey University, Palmerston North*

*Ian Evans, Professor Emeritus, School of Psychology, Massey University, Wellington*

In response to an increasing amount of emerging literature regarding patterns of client change, the current study investigated expectations of both novice and experienced clinicians, when predicting patterns of change for clients undertaking cognitive behaviour therapy for common clinical disorders. Participants were asked to make predictions of client status following each session based on measures evaluating behaviour, mood, and clinical symptoms, to see if clinicians expected change to reflect simple, steady, linear improvement, or whether some other pattern was predicted. Whether or not clinicians were sensitive to possible process influences, such as commitment to therapy or increased insight, and how such concepts impacted on client change were also addressed. It was anticipated that this study would provide insights into needs for training and exposure to more complex ideas about the nature of change and the value of session-by-session monitoring of clients.

amberfletcher6@gmail.com

12.00pm

## **Being a psycho-oncologist**

*Dr Colette Nixon, Clinical Psychologist, MidCentral District Health Board; School of Psychology, Massey University, Palmerston North*

*Cheryl Woolley, Senior Lecturer in Clinical Psychology, School of Psychology, Massey University, Palmerston North*

*Dr Don Baken, Research Coordinator, Cancer Psychology Service, Psychology Clinic, School of Psychology, Massey University, Palmerston North*

This paper presents the findings from part of a larger research project involving the Massey University Psycho-Oncology Service (POS) in which factors impacting the therapeutic outcome and experiences of clients were explored. While the therapeutic experiences of clients are regularly studied, there is a dearth of research exploring the experiences of psychologists during therapy with clients. Clients experience therapy as part of a dyadic relationship with a clinician and therefore, in order to provide a more complete study of the therapeutic process, it was felt essential to explore the therapy experience with clients from the clinicians' paradigm. Four clinical psychologists working in POS were interviewed about their thoughts, feelings and perceptions of their work. Through thematic analysis two main themes emerged of "Connections" and "Challenges".

nixons97@gmail.com

12.30pm

## **Therapists' challenges in bringing therapeutic change for individuals in a therapeutic group setting**

*Evelyn Aranas, Doctor of Clinical Psychology Candidate, School of Psychology, Massey University, Palmerston North*

*Cheryl Woolley, Senior Lecturer in Clinical Psychology, School of Psychology, Massey University, Palmerston North*

*Christine Stephens, Professor, School of Psychology, Massey University, Palmerston North*

*Maria Berrett, Coordinator, Health Conditions Psychology Service, Psychology Clinic, Massey University, Palmerston North*

Therapeutic groups provide one solution to offering psychological interventions in response to the demand within New Zealand for clients affected by chronic health conditions such as asthma, COPD, cardiovascular disease and diabetes. In 2011 - 2012, Massey University Psychology Clinic Health Conditions Service developed and implemented a six session group manualised programme for clients with a range of chronic illnesses. The findings in this presentation describe the qualitative results arising from thematic analysis of semi-structured interviews undertaken with clinicians implementing the programme. The findings tentatively suggest that the therapist's core practice in a therapeutic group setting differs when compared to therapy for individuals or couples and family therapy. Therapists highlighted the need to consider multiple aspects in order to be effective in meeting individuals' therapeutic needs. In addition, they need to work proactively and anticipate issues and problems which may arise within a therapeutic group setting.

bobandev@slingshot.co.nz

## **Health Psychology research and practice in a changing world**

*Chair: Iris Fontanilla*

11.30am Wairau

The Institute of Health Psychology, NZPsS is pleased to host the Health Psychology Symposium at the NZPsS Nelson Conference 2014.

The principal aim of this symposium is to highlight the diversity of research and practice amongst health psychologists in a myriad of physical health settings in Aotearoa New Zealand. Moreover, the oral presentations will outline the emerging changes, innovations (such as e-therapies), and contributions of health psychology research and practice for Māori, Pacific Peoples, and New Zealanders across primary, secondary, tertiary, and community organizations.

11.30am

## **Does kindness matter? The case for self-compassion in health psychology**

*Anna Friis, Health Psychologist, PhD Candidate,*

# Programme & Abstracts, Saturday 30th

S  
A  
T  
U  
R  
D  
A  
Y

*Department of Psychological Medicine, Faculty of Medical and Health Sciences, University of Auckland*

This presentation will be an overview of the meaning and science of self-compassion, with a particular focus on evidence relating to physical and psychological health benefits. It will include:

- Self-compassion – what it is, and what it is not
- Highlights from the research
- Self-compassion and mindfulness – similarities and differences
- Compassion fatigue: caring for the carer
- Increasing compassion: a synopsis of the Mindful Self-Compassion Programme (MSC) (Neff & Germer, 2013)

annamfriis@gmail.com

12.30pm

## **Stepping outside the box**

*Eva Morunga, Health Psychologist, Raukura Hauora O Tainui*

It is accepted as the norm that patients attend their appointments within a clinical setting. As psychologists, do we have to stay within the confines of our clinic office when meeting with our patients? Currently in my practice, patients are given the opportunity to meet outside the “white walls” of the clinical setting. So, when do we suggest for them to consider that our clinic office does not need to be where we meet? It may be that being informed by the referral notes and patient notes that a home visit is suggested. Or, as the relationship with the patient develops that the suggestion to consider a “walk and talk” meeting, or “lets walk to the gardens, and sit under the trees and korero” is a fit for them and is favourable to them. Case studies will be presented that promote this practice.

eva.morunga@rauakura.com

---

## **Afternoon 3.00pm - 6.30pm**

3.00pm - 4.00pm - Matai 1

### **Guest address**

**Averil Herbert, Angus Macfarlane & Melinda Webber**

***Ka Awatea: A tribally-specific examination of Māori student success***

see abstract on page 12

---

3.00pm - 6.30pm Riwaka

## **Industrial & Organisational Psychology Symposium continued**

3.00pm

**Killer data: The importance of real-world, real-time, real-practical, and real-**

## **contextualised wellbeing assessments in organisations**

*Dr Aaron Jarden, Senior Lecturer in Psychology at AUT and the Open Polytechnic, and Senior Scientist at Work on Wellbeing Ltd.*

As the saying goes, you can only manage what you measure. Unfortunately almost no organisations measure the strongest driver of workplace engagement – employee wellbeing. Why not? Answers I receive range from ‘we don’t have time’ to ‘that’s a nice-to-have’ to ‘but we measure engagement already’, to ‘we just don’t know how’ – quickly followed by ‘and then what would be do with such data?’. The real answer however is probably a combination of a) a lack of insight into the scientific literature linking wellbeing to engagement, engagement to productivity, and productivity to success, and in particular this first link between wellbeing and engagement, and b) a lack of practical, timely, cost effective, and empirically validated tools to do so. However, organisations that are flourishing are using employee and organisational wellbeing data to their collective advantage.

aaron@jarden.co.nz

3.20pm

## **The role of mindfulness and psychological capital on the well-being of organizational leaders**

*Dr Maree Roche, School of Psychology, University of Waikato, Hamilton*

*Professor Jarrod M. Haar, School of Management, College of Business, Massey University (Albany)*

*Professor Fred Luthans, Department of Management, University of Nebraska, Lincoln, NE, USA*

Depression, anxiety and negative affect are antithetical to wellbeing and flourishing. Currently, leaders at all levels of organizations are under ever increasing pressure due to the competitiveness and complexity of the global economy. There is considerable evidence that this turbulent environment has taken its toll on organizational leaders’ mental wellbeing. Positive psychology, positive organizational behavior and positive leadership have emerged to help counter balance the spiralling negativity to make today’s leaders more effective. Drawing from the above theoretical areas with a focus on positive wellbeing, and utilizing four samples of organization leaders (CEOs (N=205), senior (N=183), and junior (N=202) managers, as well as 107 entrepreneurs) we tested the direct effect of mindfulness and the mediating effect of psychological capital on leaders wellbeing. In all four samples, mindfulness was found to be negatively related to various dysfunctional outcomes such as anxiety, depression and negative affect of the managers and burnout (i.e., emotional exhaustion and cynicism) of the entrepreneurs. For all four samples, psychological capital provided partial mediation effects on the negative relationship between mindfulness and the dysfunctional outcomes. We conclude that mindfulness is a useful addition to leaders’ wellbeing. Overall, this study provides initial empirical support for the value of leaders’

# Programme & Abstracts, Saturday 30th

S  
A  
T  
U  
R  
D  
A  
Y

mindfulness, and reaffirms the direct and mediating effects of psychological capital, in combating and preventing the real and potential dysfunctional outcomes associated with leaders responding to the pressures associated with their role. The study limitations, future research and practical implications are included in this presentation.

mroche@waikato.ac.nz

3.40pm

## DISCUSSION

### Are we doing all we can to make working well more likely?

Frank O'Connor, Chair

4.30pm

### Item analysis of the Earning Capacity Assessment Form-2

James Athanasou, University of Sydney

The Earning Capacity Assessment Form-2 assesses the factors that inhibit and facilitate an individual's vocational potential following an acquired disability (e.g., accident, misadventure). The purpose of this paper is to provide a psychometric analysis of the form. Data on Australian accident victims (N=87) from a medico-legal vocational assessment practice were used as a basis for evaluation. In order to resolve scoring issues the responses were converted to dichotomous categories and analysed using the Rasch method. It was concluded that there are weaknesses in some items of the Earning Capacity Assessment Form 2, but that some components may be worthwhile where economic loss is a consideration. An abbreviated basis for judging return to work potential is advanced.

james.athanasou@sydney.edu.au

5.00pm

### Is it possible to formally evaluate practitioner-led workplace interventions?

Paul Barrett, Cognadev, UK LTD

Roche Herbst, Human Capital Solutions, Canada

How do we assess the validity of probably the majority of consultant-led 'psychologically-oriented' interventions within an organization, such as identifying 'potential', team-building, team-dysfunction interventions, executive coaching, leadership-development, personal skills enhancement, encouraging self-insight, emotional intelligence development etc? Two questions rarely, if ever, asked by a consultant of themselves or their client are: Q1. What exactly is this intervention meant to achieve? By 'exactly' we mean just that; clear, precise outcomes, even if those outcomes are in fact the result of a hypothesised diffusion process. i.e. nothing specific is expected as the outcome; instead, the outcome will be observed as the result of a diffusion process which has a synergistic impact on many areas in an organization over time.

Q2. How can the answer given to Q1 be used to formally evaluate the success or failure of this intervention?

Validity evaluation consists of matching expectations of

specified outcomes to actual observed outcomes.

We are currently in the process of developing the formalized specifications for this intervention model-generation process. A simple example of how a model can be generated for a specific intervention (sending employees onto a two-week executive leadership development course) will be presented, along with how the model expectations are evaluated and presented to the decision-makers who will evaluate the validity of the intervention.

paul@pbarrett.net

5.30pm

### Case Study: Evaluating the impact of a Leadership Development Programme in the New Zealand Defence Force

Flight Lieutenant Delwyn Neill, I/O Psychologist, Institute for Leader Development, New Zealand Defence Force

The NZ Defence Force's Institute for Leader Development (ILD) has been charged with improving leader development across all three services plus all Defence civilians. To do this it has built the Leadership Development System which incorporates a range of activities designed to enhance leadership ability. One role of this team is to evaluate what impact this system is having on performance within the organisation. This presentation will discuss how ILD's evaluation framework is built on the theories of Kirkpatrick and Brinkerhoff and describe the steps that have been taken so far to measure to what extent course participants are changing their leader behaviours as a result of participating in a leader development programme. Planned future steps will also be outlined. A review of how the results are then fed back into the design process for subsequent programmes to ensure ongoing improvement will be discussed.

DELWYN.NEILL@NZDF.mil.nz

6.00pm

### Building high performing teams – a case study exploring the modification of team dynamics in a contact centre environment

Clare Bennett

Angus Bain

Inland Revenue's Business Transformation (BT) programme identified that significant shifts in culture, people capability and performance were required to support IR's transformation journey. The High Performing Teams pilot aimed to provide a platform to create teams where individuals within the team worked together and organised themselves to find better ways of carrying out their work. It was hypothesised that enabling team members to work together to devise better ways of working would mean greater productivity, better customer experience and greater levels of employee engagement. The design of the pilot had a strong focus on creating an environment that encouraged collaborative behaviours between team members. Emphasis was also placed on developing Team Leaders to recognise and grow their team's capability while also focusing on

# Programme & Abstracts, Saturday 30th

innovation and continuous improvement. The pilot, delivered through workshops, action learning groups and coaching, was rolled out between August and December 2013 in a contact centre. Post-pilot evaluation showed greater workplace engagement, more innovative ideas and creative thinking by teams, and an increase in team leader capability.

claredean@xtra.co.nz

## Wraparound symposium continued

3.00pm - 4.00pm - Waimea

### Ministry of Education Intensive Wraparound Service

*Toni Hyde - Service Manager Ministry of Education and David Pluck - National Manager Ministry of Education*

A small number of students are referred to the Ministry of Education's Intensive Wraparound. The MoE Intensive Wraparound Service (IWS) has been developed to support these students, who receive a mixed model of intensive support focused on developing:

- strategies to deal with target behaviours
- removing barriers to success
- teaching replacement skills to students
- replacing anti-social behaviours with pro-social behaviours
- addressing cognitive and emotional needs
- addressing cultural mismatches.

Wraparound exists within a system of care which supports students with a range of needs in their natural environments and provide varying levels of intervention with an intensity matched to student's needs. This intervention requires not just a collaborative teaming approach from multiple agencies, but a joined up plan. This grounding of a values base within a model of service delivery is an important hallmark of wraparound service provision.

IWS is a planning process which provides assessment, intervention, programmes and initiatives for schools, teachers and parents across the country to promote positive behaviour in children and young people. Improving learner behaviour and their home and school and within community environments that lead to improved engagement and achievement. An IWS psychologist works alongside the student's leadworker (MOE, RTLB etc), the student, their school, families and whānau and other agencies to assess and identify the student's needs to develop, implement and monitor an individual plan.

The IWS service is a national service made up of a team of Psychologists to ensure that analysis of need is robust and there is an appropriate blend of clinical and cultural models of assessment and intervention. Māori students remain over-represented on the IWS caseloads. Although the wraparound service provision is based on the North American model, it has been enhanced by incorporating cultural practices and knowledge from the New Zealand/Aotearoa context. As

part of the blending of cultural and clinical knowledge and practice, kaitiaki are used to facilitate engagement with Māori whānau and to ensure appropriate cognisance of the influence of culture on problem formulation and analysis. Utilising the strength-based nature of wraparound has meant that cultural resources are able to be recognised and utilised to ensure cultural relevance and acceptability of both assessment and intervention.

The presentation will show how the outcomes have included better school functioning, reduction in behavioural difficulties, reduced youth justice concerns, increased school attendance and performance (academic) and less restrictive placements for those students in care. There have also been reduced stand-downs, suspensions and exclusions for students, especially for Māori.

toni.hyde@minedu.govt.nz

david.pluck@minedu.govt.nz

## Clinical Psychology

*Chair: Amanda Shea Hart*

3.00pm - 4.00pm Heaphy

3.00pm

### Therapists' constructions of couple therapy with lesbian clients

*Elizabeth du Preez, Lecturer in Psychology, AUT*

Existing research indicates that lesbian couples' experience of couple therapy range from affirmative to denigrating, which in turn impacts their rating of the working alliance, therapeutic relationship and outcome of therapy (Shelton, 2009).

The purpose of this pilot study was to explore therapists' constructions of couple therapy with lesbian clients through the application of a narrative methodology. Participants were recruited through purposive sampling and data collected through semi structured interviews. Narrative analysis was used to identify dominant discourses that informed and framed participants' clinical practice including assessment, formulation and choice of treatment approach.

This study aims to extend the research on therapy with lesbian couples in New Zealand. Results from this study can be used to inform therapists' training and to contribute to the equality of mental health services to this client group.

edupreez@aut.ac.nz

3.30pm

### Of Sound Mind to Marry: Assessment of Marital Maladjustment and Premarital Counseling

*Jim Bierman, PhD, NZPsS, DHB*

It is a basic human need to connect to others in a deeply meaningful way, seen clearly in one's decision to marry; a decision made by 95% of the population. Yet, 1/2 to 3/4 of marriages in the USA wind up in divorce. In New Zealand, many couples choose to marry later or remain



# Programme & Abstracts, Saturday 30th

unmarried for complex reasons. The emotional and financial repercussions of marital distress resonate through the family, the community, and the nation. Premarital counseling can increase a couple's marital satisfaction by 30%. Yet, most graduate programs do not offer training in this important modality.

In this paper, research on premarital and marital counseling is reviewed and a proposal is made for a best practice protocol.

drjbierman@OfSoundMindtoMarry.com

## Health Psychology Symposium continued

*Chair: Iris Fontanilla*

3.00pm-6.30pm Wairau

3.00pm

### Understanding Advance Care Planning

*Marie Young, Health Psychologist, Cardiology and Respiratory Services, Division of Medicine, Counties Manukau District Health Board*

Advance care planning is the process of thinking about, talking about, and planning for future healthcare and end of life. Advance care planning is slowly becoming part of the New Zealand healthcare landscape with the development of the National Advance Care Planning Co-operative formed in 2010. This presentation will highlight the rationale behind implementing Advance Care Planning in New Zealand, what an Advance Care Plan involves, and how it can contribute to end of life care.

marie.young@middlesmore.co.nz

3.30pm

### Challenges in diabetes and renal failure: Contributions of health psychology practice

*Lisa Hoyle, Health Psychologist, Diabetes and Renal, Counties Manukau District Health Board*

Background: Numbers of people with diabetes are increasing quickly and people are developing type 2 diabetes at younger ages. Similarly, renal failure is also increasing. Both chronic conditions lead to the development of psychopathology and impact on the management of psychopathology e.g., patient develops depression due to decline in health; and stops medication due to depression. Aim: Learn that diabetes and renal disease impact psychopathology and vice versa, particularly "things to watch out for" such as patients' omitting insulin to lose weight (diabulimia), how symptoms of these health conditions can make diagnosis of depression and anxiety difficult.

Main contributions: Lisa Hoyle, health psychologist at diabetes and renal services, Counties Manukau Health, majority of patients are of Māori and Pacific descent. Clinical work and recent research will be presented. Conclusions: Assessment and management of diabetes

and end-stage-renal-failure is important as will impact on psychological processes and treatment.

lisa.hoyle@middlesmore.co.nz

4.30pm

### Weaving a kete in primary care

*Janine Thomas, Health Psychologist, National Hauora Coalition (NHC)*

Primary care offers an ideal environment to significantly influence the emotional health and wellbeing of the population. A presentation will be provided outlining the current clinical support services for primary mental health initiatives that are available for NHC member GPs in the Counties Manukau area. It will highlight the range of activities this role involves and the 'generalist' approach that is adopted in a bid to achieve key goals outlined in the document Rising to the Challenge, The Ministry of Health's Mental Health and Addiction Service Development Plan (2012 – 2017) including: using resources more effectively, integration between primary and secondary services, increasing access to a range of people, and earlier intervention to prevent later problems. A key area to be considered and developed is how we track our progress and the outcomes of interventions separate to output.

janinet@nhc.Māori.nz

5.00pm

### The Big White Wall: an online supportive community for improved mental health

*Liesje Donkin, Clinical Psychologist, Big White Wall, Auckland District Health Board*

Big White wall (BWW) is an online therapeutic community that began its development in 2007 in the United Kingdom. Since then, the community has grown to 14,000 users and is being used in the UK, the US, Australia and New Zealand, including within Auckland District Health Board. Qualitative and quantitative reporting indicates that BWW has psychological benefits for its users and that many users remain engaged with the community over an extended period of time. Research on the effectiveness of the community will be presented, a demonstration of its key features will be given, as well as recommendations for how it may be used in psychological practice.

liesje.donkin@gmail.com

5.30pm

### Upright Posture Improves Emotions and Stress Response in People with Mild to Moderate Depression

*Carissa Wilkes, Intern Health Psychologist, Department of Psychological Medicine, The University of Auckland*

*Rob Kydd, Department of Psychological Medicine, The University of Auckland*

*Mark Sagar, Bioengineering Institute, The University of Auckland*

*Elizabeth Broadbent, Department of Psychological Medicine, The University of Auckland*

Slumped posture is associated with depression in cross-sectional research. The current study conducted an

# Programme & Abstracts, Saturday 30th

intervention to correct slumped posture in people with mild-to-moderate depression. Sixty-one participants were randomized to usual posture (control) or upright posture (intervention) groups. Physiotherapy tape was applied to maintain participants' posture, with a cover story to reduce expectation effects. Participants completed the Trier Social Stress Test, a writing task, and psychometrics. Linguistic Analysis and Word Count assessed language use and Video Image Tracking analysed posture. At baseline, the current sample experienced significantly greater slumped posture than a non-depressed sample. The intervention group maintained significantly greater upright posture, experienced less fatigue, and more positive mood than the control. They also wrote and spoke a significantly greater number of words and used fewer personal pronouns. Upright shoulder-angle was associated with less negative emotions and anxiety. Future research could investigate longer-term effects of posture in a clinically depressed sample.

carissa.wilkes@gmail.com

6.00pm

## **Health Psychology in a Commercial Environment: Crossing the Divide**

*Claire O'Donovan, Atlantis Healthcare*

Background: Understanding the patient and motivating health behaviour change is an area of interest for public and private healthcare providers – including the pharmaceutical and insurance industries, and government-led organisations. These groups are collectively aiming to become more patient-centric in their service delivery, underscored by a desire to enhance patient outcomes through optimal use of medicines, medical devices, and lifestyle change.

Aims: This presentation aims to illustrate the role Health Psychologists play in the commercial space – utilising our unique evidence base to achieve outcomes in patient engagement, motivation, and behaviour change.

Contributions: Insights will be presented from my first six months in a commercial role. The challenges and advantages I have encountered going from the coal face to the commercial sector utilising innovative research methods, telehealth, and digital technology.

Conclusions: Health Psychology continues to evolve as an exciting career path that assists in the connection of research evidence to real-world intervention.

claire.odonovan@atlantishealthcare.com

## **Bicultural Psychology continued**

4.30pm-6.30pm Matai 1

4.30pm

## **Strategies to reduce the use of seclusion and restraint with tāngata whai i te ora (Māori mental health consumers) in adult inpatient services in Aotearoa.**

*Dr Julie Wharewera-Mika (Ngāti Awa, Tūhoe, Te Whānau-a-Apanui), Clinical Psychologist, Whirinaki*

*Child and Adolescent Mental Health Service, Counties Manukau DHB.*

*Dr Erana Cooper (Ngāpuhi, Ngāti Hine), Clinical Psychologist, University of Auckland.*

This scoping study sought to gather Māori clinical, cultural and consumer perspectives on potential strategies and initiatives that could facilitate reduction in the use of seclusion and restraint with tāngata whai i te ora in acute mental health inpatient services. Based on a comprehensive literature review and qualitative analyses from a hui with 16 participants, the strategies and initiatives that were identified represent a comprehensive approach to the reduction of the use of restraint and seclusion that is clearly based on a Kaupapa Māori 'model' of care and a vision for transformation of practice in mental health inpatient services. Improving access to a Māori worldview in all aspects of mental health care, transformation of existing practices, and creating greater opportunities for rangatiratanga (Māori leadership and control) were key factors strongly indicated as likely to be necessary for reducing, and ultimately eliminating, the use of seclusion and restraint with tāngata whai i te ora.

j.wharewera-mika@auckland.ac.nz

el.cooper@auckland.ac.nz

5.00pm

## **Can mobile assistive technology The inclusion of cultural concepts in the evaluation of Kaupapa Māori programmes.**

*Bridgette Masters-Awatere, Lecturer in Psychology, Māori & Psychology Research Unit, University of Waikato*

*Linda Nikora, Māori & Psychology Research Unit, University of Waikato*

*Neville Robertson, School of Psychology, University of Waikato*

The formal history of evaluation is tied to the scientific paradigm of social phenomena inquiry. Closely allied to political agendas, service-funding decisions are based on evaluation findings. Across Aotearoa service funding reflects a commitment to managing Treaty relationships and the delivery of Māori appropriate services. Over the past ten years I have been undertaking research with Māori evaluators, providers and communities about their evaluation experiences of "by Māori for Māori" services. My research has focused on exploring whether evaluation has captured the cultural concepts embedded within programmes derived from an indigenous worldview. I have listened to the experiences of funders, providers and whānau involved with KM Programmes, and talked to evaluation practitioners to understand the ways people navigate an evaluation. This paper is based on an evaluation assessment tool I am developing as a result of my on-going research.

bridge@waikato.ac.nz

5.30pm

## **Seeking wellbeing for Māori women with bipolar disorder: Creativity and art**

# Programme & Abstracts, Saturday 30th

S  
A  
T  
U  
R  
D  
A  
Y

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

It is important to understand the complex social issues that Māori women with a diagnosis of bipolar disorder face and why they are over-represented in mental health statistics. This research explored the lived experiences of 12 women who live well in the presence of bipolar disorder by placing a specific focus on help-seeking patterns and stories of recovery and wellness. Through exploration of the unique intergenerational experiences of Māori women, themes of recovery and wellness emerged that they used to maintain wellness. The important role of occupational and leisure pursuits is highlighted as women engaged in creative works and hobbies such as painting, jewellery-making, weaving, singing and song writing, cooking and gardening. This presentation will describe the experiences of women and the factors leading up to a diagnosis of bipolar disorder followed by a description of the pathways they chose to achieve and maintain wellness for them and their whanau.

Pare.harris@hotmail.com

6.00pm

## **Mana ki te Mana: Shifting Teacher Practice**

*Dr Sonja Macfarlane supervising PhD Candidate  
Porsha London, Department of Teaching and Learning, University of Canterbury*

The Ministry of Education's Positive Behaviour for Learning (PB4L) helps schools, teachers, and parents across New Zealand promote positive behaviour. In 2012-2013 the Ministry procured the services of a Māori research unit from the University of Canterbury to carry out the section of PB4L referred to as 'Getting it Right for Māori'. Amongst other activities, international research and literature were reviewed, indigenous wisdom was sought and a manual was produced to assist with the implementation of Huakina Mai on a trial basis. The trial commenced in 2014. One aspect of Huakina Mai includes teacher professional learning and development, termed Mana ki te Mana. This aspect is intended to support teachers to critically reflect on and adapt their teaching practice so that it becomes more attuned to a set of core beliefs, values and behaviours that are known to work for Māori. Research data will be gathered concurrently in order to ascertain teacher ontological and epistemological change.

This presentation will outline the methodology and will comment on the initial research findings specific to teacher praxis and repositioning as a result of engaging in Mana ki te Mana.

Porsha.London@tetapuae.co.nz

4.30pm

## **Using trauma focussed Cognitive Behavioural Therapy can lead to a reduction in auditory hallucinations: A Pasifika case example**

*Dr Mark Franks, Lotofale Pacific Island Mental Health Service, Auckland District Health Board*

Links between trauma and psychosis are well established. Furthermore, CBT can be effective with people from different cultural backgrounds (Franks, 2013). This presentation therefore outlines the case of a female Samoan where CBT was used successfully in alleviating symptoms of trauma and associated auditory hallucinations. The client, who had a nine year history of psychosis, received 22 sessions of CBT. Rather than directly target auditory hallucinations, treatment instead focussed on the past physical, sexual and psychological abuse experienced by the client. The therapist utilized a formulation driven cognitive behavioural treatment of PTSD (Zayfert & Black-Becker, 2008) relying primarily upon imaginal exposure. Attempts to deliver CBT in a culturally sensitive manner were also made. Upon completing therapy and at follow-up, the client's scores on measures of PTSD, auditory hallucinations, mood and anxiety were minimal. She no longer experienced auditory hallucinations, which led to considerable improvements in her level of functioning.

MFranks@adhb.govt.nz

5.00pm

## **A Qualitative Exploration of the Psychotic Process, From Onset to Full Recovery**

*Paris Williams, PhD*

This presentation provides an overview of the presenter's doctoral research, the aim of which was to explore the psychotic process as experienced by those who have fully recovered, with the hope that such an inquiry may offer guidelines that can be of service to those continuing to struggle with psychosis. Qualitative multiple-case study methodology was used, and individual and cross-case themes were developed for each of six prefigured categories: description of the anomalous experiences, the onset and deepening of psychosis, recovery, lasting personal paradigm shifts, lasting benefits, and lasting harms. A theoretical model was formulated to assist with discussing the implications of the data. The results revealed that all six participants had striking parallels in their experiences with regard to all six categories of experience, with the most central implications as follow: an overwhelming existential threat to the self apparently played an important role in the onset of psychosis; the psychotic process was apparently initiated by the psyche itself as an attempt to regain equilibrium in the face of this threat; recovery was primarily assisted by connecting with hope, meaning, a sense of agency, and the cultivation of healthy relationships; mainstream treatment generally caused more harm than benefit with regard to long-term recovery; and the successful

## **Clinical Psychology**

4.30pm - 6.30pm Waimea

*Chair: Aaron Jarden*



# Programme & Abstracts, Saturday 30th

S  
A  
T  
U  
R  
D  
A  
Y

resolution of the psychotic process involved a profound reorganization of the self with more lasting benefits than harms.

pariswilliamsphd@gmail.com

5.30pm

## **Psychosomatic Symptoms in Asian Populations: More Than a Headache?**

*Dr. Gen Numaguchi, Ph.D., Southern DHB*

Expressions of mental illnesses such as depression and anxiety among Asian population are quite different from those in more European cultures. In large part, the idea of mental illness itself is often looked down upon and not accepted in among Asian communities. Biological and cultural differences in the expression of mental illness often hinders effective intervention and misdiagnosis among Asian population, especially when placed in Western cultures such as New Zealand. More culturally specific treatment options and assessment are discussed.

Gen.Numaguchi@southernhdb.govt.nz

6.00pm

## **Dominant Species Syndrome: A new concept to understand unsustainable human behavior on the planet**

*Dr Amanda Shea Hart Private Practice Connect Psychology Adelaide, Australia*

Dr Jackie Feather Auckland University of Technology  
The presenters draw on their experience of working to ameliorate the effects of abuse, neglect, violence and trauma for children, families, and societies to develop a revolutionary understanding about how human beings have evolved with behavior that needs to be recognised and addressed as being abusive and neglectful at a species level on planet Earth. It is widely accepted that humans, who are the dominant species, are at risk of destroying life as we know it. To sustain the future of humans, other creatures, and planet Earth, the key question is why do we blindly carry on with our dysfunctional behavior as if this isn't so? Dominant Species Syndrome (DSS) is a new concept that has been conceived to explain unsustainable human behavior and enable us to create change by drawing on psychological strategies. In this presentation we offer initial ideas about criteria that may characterise this syndrome, and explore some possible ways forward. Audience participation will be welcomed.

amanda.shea.hart@iinet.com.au

## **Neuropsychology**

4.30pm - 6.30pm Heaphy  
*Chair: Janet Leatham*

4.30pm

## **Family Socio-economic Status, Caregiver**

## **Mental Health and Child Outcomes at 1 Year Following Traumatic Brain Injury: A population-based study.**

*Jones, K. M., AUT University, NZ  
Barker-Collo, S., University of Auckland, NZ  
Theadom, A., AUT University, NZ  
Starkey, N. J., University of Waikato, NZ  
Parag, V., University of Auckland, NZ  
Ameratunga, S., University of Auckland, NZ  
Feigin, V., AUT University, NZ*

*On behalf of the BIONIC Research Group*

Traumatic brain injury (TBI) may have a profound impact on a child's on-going development, even following mild injuries. This paper examines the cognitive, behavioural and quality of life outcomes of 103 children (aged ≤15 years at injury) post-TBI identified as part of a population-based study (Brain Injury Outcomes New Zealand in the Community - BIONIC). At baseline, 1, 6 and 12-months each child completed an age-appropriate assessment of general cognitive function. Caregivers completed measures assessing child quality of life, and behavioural functioning in home and community settings. Children who were older at the time of injury were more likely to be characterised by lower cognitive function scores ( $p=.002$ ). Family socio-economic disadvantage and caregiver mental health difficulties were significantly associated with increased risk for poor cognitive, behavioural and quality of life outcomes. Findings are relevant to professionals and policy makers involved in facilitating the recovery of young people following TBI.

kelly.jones@aut.ac.nz

5.00pm

## **Introducing the CASDECT: a new cognitive screening measure for use during a course of ECT**

*Janet Leatham, Massey University  
Anneke Thornton, Massey University  
Ross Flett, Massey University  
Louise Edwards, Massey University*

Cognitive impairment remains a common side effect of electroconvulsive therapy (ECT) and accordingly, frequent and thorough cognitive assessment during the course of treatment is recommended to detect cognitive change. Although recommended, the way in which cognition should best be assessed remains undetermined and under debate. The Cognitive Assessment Screen for use During ECT' (The CASDECT), a new cognitive screening measure, is introduced here as a potential method to assess cognition during a course of ECT. It aims to address some of the limitations of existing batteries. The contents has been derived from research conducted recently with people undergoing ECT, feedback from practitioners conducting cognitive assessments, feedback from consumers of the therapy, and from the existing literature into the cognitive effects of ECT and the assessment thereof. The screening measure is brief (20 minutes), covers a broad range of cognitive domains and has three alternate forms to control

# Programme & Abstracts, Saturday 30th

S  
A  
T  
U  
R  
D  
A  
Y

for practice effects. The measure is currently being validated with a non-depressed population.

j.m.leathem@massey.ac.nz

5.30pm

## **Practitioners' Processes and Attitudes Involved in the Diagnosis of Cognitive Impairment**

*Alison McKinlay, PhD student in clinical neuropsychology, Massey University Albany  
Janet M Leathem, Massey University Wellington  
Paul L Merrick, Massey University Albany*

The present study sought to build on the findings of Mitchell, Woodward and Hirose (2008) who first examined the subject of practitioner attitudes towards disclosure of mild cognitive impairment (MCI) in Australia and New Zealand. 57 New Zealand based practitioners completed an online questionnaire relating to how they reach a diagnosis of cognitive impairment and factors considered when relaying a diagnosis to a client. The findings indicate that 83% of practitioners directly labelled MCI during diagnosis disclosure. All qualitative responses were analysed using traditional content analysis. This study adds to the field of ethics and diagnostic disclosure in that it highlights what specific factors are considered when a practitioner chooses how to relay a diagnosis to their client, such as the presence of other illnesses, the specific wishes of the client and that the family should at least know if the client doesn't.

a.r.mckinlay@massey.ac.nz

6.00pm

## **Neuropsychological Assessment and Reporting Writing Practice: Is there a common standard in New Zealand**

*Matthew Manderson, Consultant Clinical Psychologist, Talkingpoint Ltd*

Neuropsychological assessment is a specialist field with a limited number of practitioners in New Zealand compared to a general scope of practice. Given its speciality, it could be argued that there would be less variability in its practice than general psychological therapy where there are hundreds of different models of psychotherapy. The authors experience when answering the common referral question.."compare current intellectual abilities with past assessment findings" however indicated that there is a large degree of variability in how neuropsychologists practice. This led to a review of neuropsychological reports written by New Zealand practitioners. The author was interested in (1) how other practitioners structured their assessments, (2) whether tests were named, (3), in what way results were presented, and (4) what was classed as clinically significant in regards to findings. A summary of the results is presented and discussion is encouraged.

matthew@talkingpoint.co.nz

## **CONFERENCE DINNER**



*Sunday 7.30pm at the Trailways Hotel, 66 Trafalgar Street.*

*If you haven't registered and would like to come, please see us at the registration desk.*

*The NZPsS awards will be presented and there is the opportunity to dance - don't miss out.*

# Programme & Abstracts, Sunday 31st



*Please support your Institute by coming to their AGM. All Institutes' AGMs are scheduled for Sunday 31st from 8.30am - 9.00am*

Institute of Educational and Developmental Psychology AGM in Wairau

Institute of Community Psychology Aotearoa AGM in Heaphy

Institute of Clinical Psychology AGM & Institute of Criminal Justice and Forensic Psychology AGM in Matai 1

Institute of Counselling Psychology AGM in Waimea

Institute of Health Psychology AGM in Riwaka



*NZPsS members please join us for the Society's AGM on Sunday 31st from 5.00pm to 6.00pm in Riwaka.*



8.30am	Institutes' AGM
9.00pm	Keynote Speaker
10.00am	Morning Tea
10.30am	Symposia
12.30pm	Lunch
1.30pm	Keynote speaker
2.30pm -3.30pm	Public Talk/Forum
2.30pm - 5.00pm	Symposia
3.30pm	Afternoon tea
4.00pm	Guest address
5.00pm	NZPsS AGM
7.30pm	Conference dinner

S  
U  
N  
D  
A  
Y

## Morning 10.30am- 12.30pm

### Ethics Panel

10.30am - 12.30pm Matai 1  
Chair: Rhonda Pritchard

#### **Ethics in the Real World: Why there are few short answers.**

Applying ethical principles to real life cases with reference to the Code of Ethics and recommended decision making process. The session will be a blend of panel presentation and group participation and will last 90 minutes.

The Code of Ethics is the foundational document guiding the practice of all psychologists in New Zealand, with adherence to its Principles and Standards being a mandated component of our registration status. Despite its relative brevity it contains aspirational objectives and 'rules of engagement' that have far-reaching implications which can (sometimes) vary from case-to-case depending on a number of factors. These considerations make ethics both a critical element of practice, but also one that can be difficult to master at times. This panel-led workshop format provides participants the opportunity to explore a number of ethical scenarios within small groups, listen to the considered views of an expert panel, and engage in open discussion on a range of ethical issues

Panel:

Rhonda Pritchard (writer of Ethics Matters column in Connections and author of "Love in the Real

# Programme & Abstracts, Sunday 31st

S  
U  
N  
D  
A  
Y

World").

*John Fitzgerald (Director of The Psychology Centre, Hamilton).*

*Jack Austin (Past President of the NZPsS, Convenor of the Ethics Issues Committee).*

The panel members will each introduce their experience of working in the field of ethical principles and practice, of facing challenges and dilemmas and learning some lessons. Four case stories drawn from reality will be presented for the participants to discuss in small groups.

After group feedback the panel members will give their own views on each of the case stories.

rhonda.pritchard.nz@gmail.com

## Community Psychology

10.30am - 12.30pm Riwaka

*Chair: Neville Robertson*

10.30am

### **The impact of positive and negative emotions on people's decision-making in emergencies**

*Satomi Mizutani, Lecturer, Unitec Institute of Technology & Tomoko Koda-Dallow, Unitec Institute of Technology*

Research to date has shown that positive and negative emotions play an important role in influencing various processes of self-regulation (Aspinwall, 1988; Fredrickson, 2001). However, the results of such research on the role of emotions on people's behaviour have varied. This current research is work-in-progress and it investigates how positive and negative emotions may influence people's behaviour and their sense of options to cope with the triple disasters (i.e., the Great East Japan Earthquake, a massive tsunami and the Fukushima nuclear accident) which happened in March 2011. The data will be collected through an on-line questionnaire which is designed to tap into the extent of the positive and negative emotions held by the participants, and their sense of options and behaviour. The quantitative data will be analysed with SPSS and the qualitative data will be analysed with NVivo to investigate the role of emotions which determined their decisions.

smizutani@unitec.ac.nz

11.00am

### **Visualising an Irresistible (Sustainable) Future: World's First Community-Level Feedforward**

*Peter W. Dowrick, PhD, School of Psychology, University of Auckland*

*Dominique Hes, PhD, Faculty of Architecture, Building, and Planning, University of Melbourne*

Author Note

In-kind support was provided for the preparation of this paper by the Universities of Auckland and Melbourne, although no endorsement is implied. Many thanks to Gary Simpson and his students at Woodleigh School, Dianne

Vella-Brodrick, Rebecca Peniston-Bird, and many others who contributed to the pilot activities.

Correspondence concerning this article may be sent to Prof Peter Dowrick at School of Psychology, University of Auckland PB 92019, Auckland 1142, Aotearoa New Zealand; p.dowrick@auckland.ac.nz

Video feedforward has a theoretical and practical basis with individual behaviour change. This preliminary study attempted a community-level intervention with value to teenage youth and the ecology of the planet. We created, through the use of video and clever editing, a vision of an irresistible future to be 'lived'. Melbourne secondary students were engaged over 3 months to create this 5-year future as the context for two short (3-5 min) stories, for school wide screening. The films will be screened, with methods and concepts described, at the Conference. Pre-assessments are underway for attitudes and behaviours relevant to environmental sustainability, with a large sample from the school, some using iPhone apps for data collection. Post assessments will be available for the Conference in August. These assessments and follow up will predict likelihoods of (a) more sustainable behaviour, and (b) catalysts for change through policies, education, and architecture. Products will include an audiovisual guide for replication and large-scale research. This presentation should be of interest to learning theorists, school and media psychologists, as well as community/ecological psychologists; and architects.

p.dowrick@auckland.ac.nz

11.30am

### **'Tell me what you eat and I will tell you who you are - and where you are from.' Food as a nexus for culture and tradition**

*Rebekah Graham, Masters student in Applied Psychology (Community), University of Waikato*

This presentation discusses how everyday food-related practices such as the preparation, serving and eating of food act to keep cultural traditions, social relationships and memories alive. Located within the domestic space of the home, three dual-heritage households took part in a series of emplaced biographical 'go-along', 'eat-along' and photo-elicitation interviews, using mapping, participant observation and the sharing of meals. The analysis of these interviews is presented and discussed with regards to the way in which food acts as a tangible, visceral nexus for culture, class, and identity. This presentation will appeal to those with an interest in food landscapes, particularly food insecurity, the construction of hybrid identities, and ways in which people (re)connect with past traditions in today's changing world.

joeandbex@extra.co.nz

12.00pm

### **Whānau Ora in the context of domestic violence: Reflections on an evaluation of the Wellbeing Service of Te Whakaruruhau**



# Programme & Abstracts, Sunday 31st

S  
U  
N  
D  
A  
Y

*Neville Robertson, School of Psychology, University of Waikato*

*Bridgette Masters, Catherine Lane, Ann Tapara, Catherine Corbett, Rebekah Graham, Jessica Gosche, Ayla Jenkins & Thea King: Māori and Psychology Research Unit, University of Waikato.*

Domestic violence and child abuse represent significant threats to whānau ora – while at the same time, weakened whānau ties can increase the vulnerability of whānau members to abuse. A whānau ora approach confronts this apparent vicious cycle head on. It also goes against the dominant orthodoxy in domestic violence work which has become very suspicious of family-focused work, believing it to collude with abusers and endanger women and children. In this paper we reflect on an evaluation of the Wellbeing Service of Te Whakaruruhau Māori Women's Refuge. While the primary clients are women – and their children – who need support beyond the crisis which brought them to Refuge, the Service works to rebuild and strengthen whānau relationships, including relationships with the abuser. Our evaluation has identified some of the key ingredients which make such an approach effective and safe for women and their children.

scorpio@waikato.ac.nz

## **Therapeutic Alliance: Evidence and Practice Across Populations**

*Chair: Joshua Myers*

10.30am-12.30pm Waimea

In this symposium we will discuss in some depth the research evidence surrounding the importance of therapeutic alliance for treatment efficacy and the association with therapeutic outcome. We will also focus on the application of evidence-based practice in this area through a combination of discussions, training and exercises. Finally, we discuss the similarities and differences between applying therapeutic alliance strategies in general and with specific populations (offenders and children/adolescents/families). We anticipate that by covering this topic from theory to research to practical application with a wide variety of clients this symposium will be of interest to a diverse audience.

10.30am

### **Therapeutic Alliance Findings and Relationship to Treatment Outcome**

*Joshua Myers, Psy.D*

There exists a substantial amount of literature to support the notion that the therapeutic relationship is vital for the progress and outcome of psychotherapies of varying modalities and orientations (see Norcross, 2010). However, there concurrently exists some disagreement about how important it is and the nature of the relationship with treatment outcome (see Green & Latchford 2012). In this presentation I consider relevant current and historical

research on the topic of the therapeutic alliance from the viewpoint of clients and therapists. The primary focus of this discussion will include what the literature says about utilizing the alliance for the sake of enhanced psychotherapy outcome. Also briefly considered will be how the current literature helps us to understand and enhance instruction and supervision on the topic of therapeutic alliance.

Joshua@tpc.org.nz

11.00am

### **Therapeutic Alliance in Practice**

*Gerard Pauley, Ph.D.*

There is a broad consensus amongst clinicians from across a wide range of psychotherapeutic modalities that establishing and maintaining a strong therapeutic relationship is a key aspect of efficacious psychological therapy. However, there is less consensus on how we go about developing a therapeutic relationship and which components contribute to the development and maintenance of a successful working alliance. This presentation will address some of this confusion by providing practical information about how to develop, monitor and enhance therapeutic relationships with clients. Discussion, examples and exercises will be utilized for this "how-to" portion of the symposium. Focus will be placed on the evidenced-based practice of employing therapeutic relationship skills.

Gerard.Pauley@waikatodhb.health.nz

11.30am

### **Therapeutic Alliance and Offenders**

*Juanita Ryan, Ph.D*

The factors that contribute to the development of a strong therapeutic alliance for offenders are typically the same factors (i.e., empathy, maintaining an objective stance, a collaborative and supporting working relationship) that are important with general psychotherapy clients. Also, as with general psychotherapy, the variable that has been found to be most predictive of positive therapeutic outcomes (measured generally as a reduction in reoffending) in Corrections settings is the therapeutic alliance. However, the key point of difference is that Correctional clients often have strong extrinsic factors (e.g., early release from incarceration, a reduced/less restrictive sentencing, avoiding a breach of their sentence conditions) influencing their decision to engage in psychological intervention. These factors, generally unique to this population, are discussed in the current workshop in line with 1) recent theories of therapeutic alliance within Corrections settings (see Ross, Polaschek, & Ward, 2008), 2) psychologists' ethical responsibilities (particularly in relation to informed consent) and 3) strategies to engage this unique and challenging group to support positive change for themselves and their families.

Juanita.RYAN@CORRECTIONS.GOV.T.NZ

12.00pm

### **Therapeutic Alliance with Children, Adolescents and Families**



# Programme & Abstracts, Sunday 31st

S  
U  
N  
D  
A  
Y

*Kirsty Dempster-Rivett*

Working alongside children and adolescents in their journey towards recovery and wellbeing is both enjoyable and challenging. It requires the clinician to understand their unique individual characteristics whilst taking into consideration this dynamic developmental stage. There is an added layer to this work that involves working with their legal guardians (whether that be with their parents or legal guardians) as required by law, whilst keeping an active therapeutic alliance with the young person. This section of the workshop will draw on the recent literature relating to therapeutic alliance with this age group whilst drawing on the wisdom and advice of well-known theorists of adolescent development and therapy. The key points will be illustrated with practical strategies from the beginning stages of engagement to the termination of psychological therapy.

Kirsty.Dempster-Rivett@casa.org.nz

## Clinical/forensic Psychology

*Chair: Ian de Terte*

10.30am-12.30pm Heaphy

10.30am

### **Psychological Resilience: A Model Based on Scientific Evidence**

*Ian de Terte, Massey University*

Psychological resilience is very topical at the present time and there are two main conceptualizations of the construct. One view is that individuals will recover or rebound from adversity (e.g., Harvey & Delfabbro, 2004). The other view is that an individual's psychological functioning will be maintained despite being exposed to adversity (Bonanno, 2004). Furthermore, Bonanno et al. have suggested that resilience is multidimensional and dynamic (Bonanno & Mancini, 2008; Mancini & Bonanno, 2010). This presentation will outline a multidimensional model of psychological resilience that is able to be learnt, known as the 3-PR (de Terte, Stephens, & Huddleston, 2014). This presentation will suggest that both definitions of psychological resilience are correct, but will describe a multidimensional model which can be learnt. This model will draw on three research projects with high-risk populations that contribute to this model. These populations include police officers, health professionals, and people with cancer.

i.deterte@massey.ac.nz

11.00am

### **Resilience in Pākehā Culture**

*Samantha Brennan, The University of Waikato  
Dr Neville Robertson, The University of Waikato  
Dr Cate Curtis, The University of Waikato*

Resilience is a concept that is receiving growing attention among academic researchers and practitioners alike. A clear and consistent conclusion of the resilience literature is that in spite of the presence of significant risk factors, a

large percentage of vulnerable people subjected to adverse conditions fare well. Thus, resilience is not just an abstract concept, but the genuine possibility of a good outcome, even for those people who experience significant risk factors. Resilience is complex, and significantly influenced by cultural values. I conducted a qualitative investigation of resilience among Pākehā New Zealanders, with shame being the primary trigger that was addressed. Participants contrasted a false cultural ideal of resilience, as rugged, individualistic toughness, with true resilience, which is developed in supportive relationships, over time, through struggle. My presentation will explore the implications of this divide for psychologists working in a variety of settings with Pākehā New Zealanders.

sjb103@students.waikato.ac.nz

11.30am

### **The pro's and con's of "Legal Highs"**

*Celeste Barcham*

When a 16yr old arrives at your office hanging their head over a bucket because they can't stop vomiting, you know they have been using synthetics. A parent phones for help with their teenage son and in the background you can hear screaming, and the sound of smashing glass. This parent has to call the police and have her son arrested for his and her safety. Groups of mothers have become fearful of the children. They will provide the money required by their child to purchase synthetics to keep the peace within the home. Then there is the young entrepreneur who is trying to make a living to provide for his young family of four. He becomes the target for angry parents who go as far as to Molotov his shop in the attempt to burn it down. A day later he is back in business. He is a businessman proving goods that are in high demand. Now it is supposedly all over. But now we have people losing their jobs because they are back to using cannabis which is tested for in many work places, we have women in safe houses fearful for their safety and the safety of their children as their partners become volatile through their synthetic withdrawals, other substances such as "P" and "BZP" are becoming more popular as a replacement drug because cannabis just doesn't cut it anymore, and a young entrepreneur can no longer provide for his family as well as he did.

In my work as an alcohol and drug clinician I have had years of experience dealing with one of New Zealand's recent dilemmas, that of synthetic psychoactive substances. This presentation will not focus on the substances but the people involved with them; their experiences; the traders, the families, the lobby groups and of course the consumers and the implications of the substances being part of our community and the fall out of them no longer being available.

celesteno2@msn.com

12.00pm

### **From psychological report to 'minority report', or why psychologists should learn to stop worrying and love public**

# Programme & Abstracts, Sunday 31st

S  
U  
N  
D  
A  
Y

## protection laws

*Armon Tamatea (Senior Lecturer in Psychology),  
University of Waikato*

The protection of the public from future harm of violence is a central concern for criminal justice agencies. Post-sentence detention and 'extended'-extended supervision orders have been proposed to empower the New Zealand judiciary to issue a public protection order to detain a person if they pose a 'very high risk of imminent and serious sexual or violent reoffending'. Such laws are intended to serve as a precautionary measure but also means imposing conditions or even incarceration in the absence of a crime. The implementation of such an order requires accurate prediction of behaviour, and although current risk prediction technology as used in New Zealand reflects the state-of-the-art (drawing from, amongst other things, actuarial approaches, personality models, and behavioural theory), these tools are still less-than-perfect at predicting dangerousness. This presentation will highlight some of the issues that present at the interface between behavioural risk prediction technology and human risks.

armon.tamatea@waikato.ac.nz

## Clinical Psychology

*Chair: Iris Fontanilla*

10.30am-12.30pm Wairau

10.30am

### **Experiences of antidepressant use: Good, bad and ambivalent**

*Kerry Gibson*

*Claire Cartwright*

*John Read*

*School of Psychology, University of Auckland*

In New Zealand one in nine adults are prescribed antidepressants each year. While research has often focused on whether antidepressants work on a neurochemical level, this research explores how people who use antidepressants make sense of their medication experience. 1747 New Zealand antidepressant users responded to an online open-ended question about their experience of antidepressants, which was analysed through content and thematic analysis. The analysis showed considerable variation of opinion on antidepressants with participants reporting positive (54%), negative (16%) and mixed (28%) experiences and an even greater diversity of meanings attributed to the medication. Some participants with positive experiences saw antidepressants as a necessary treatment for a 'disease' while others described it as life saver, a way of functioning better in social roles or as a temporary way of dealing with difficult circumstances. Negative themes described antidepressants as being ineffective, having unbearable side effects, undermining users' authenticity or the legitimacy of their suffering and reducing their experience of control. Mixed experiences themes showed how participants weighed

up the unpleasant side effects against the benefits, felt calmer but 'less like themselves', struggled to find the 'right one' and felt 'stuck' with taking antidepressants despite wanting to stop. The research points to the importance of engaging with antidepressant users about the significance the medication holds in their lives in order to inform appropriate treatment.

kl.gibson@auckland.ac.nz

11.00am

### **A simple model for helping clients resolve fundamental dilemmas that keep them stuck**

*Jackie Feather, Senior Lecturer in Psychology,  
Auckland University of Technology*

Clients often present with a fundamental dilemma that they perceive to be unresolvable. This can manifest as a circular argument in their minds, such as "my starry career" versus "a simple life". This pattern of thinking can result in making compromises in life that are neither one nor the other, and are ultimately unfulfilling. When traced back, the roots of these dilemmas are often found in differing messages from mother and father, or a desire for self to be different from parents/family, setting up a dialectic. This presentation will offer a model for working with these dilemmas that enables understanding of the process at play, and provides a path to resolution via a synthesis. Case examples will be presented demonstrating how this model can be helpful alongside CBT and ACT.

jackie.feather@aut.ac.nz

12.00pm

### **Is seeing really believing? The impact of different trauma experiences on the development of new mental health issues in a sample of adults with anxiety disorders.**

*Meredith Blampied, Clinical Psychologist,  
Canterbury District Health Board*

*Jenny Jordan, University of Otago*

*Dr Caroline Bell, University of Otago*

*Claire Gilbert, Canterbury District Health Board*

*Helen Colhoun, Canterbury District Health Board*

*Sarah-Eve Harrow, Canterbury District Health Board*

Evidence suggests that many factors experienced during a trauma impact on the development of subsequent mental health issues (Ozer, Best, Lipsey & Weiss). Limited research suggests that individuals with a pre-existing anxiety disorder may be more likely to experience posttraumatic stress reactions following a natural disaster. This cross-sectional study investigated types of trauma exposure experienced during the Canterbury earthquakes by a cohort of adults with pre-existing anxiety disorders and the development of new mental health issues. Results indicated that those who developed new issues lost significantly more resources, had greater damage to their homes and were more concerned about loss of loved ones. These occurrences were more distressing to people who developed new mental health

# Programme & Abstracts, Sunday 31st

S  
U  
N  
D  
A  
Y

issues compared to those who did not. These data suggest that without high trauma exposure, those with pre-existing mental health problems may not be at greater risk of developing PTSD subsequent to a natural disaster.

meredith.blampied@cdhb.health.nz

12.00pm

## **Mindfulness Treatment of Eating Disorders: A Qualitative Analysis of Therapists' Experiences**

*Nadia Mysliwiec Counselling Psychology Masters Student, AUT*

*Dr. Mark Thorpe, AUT*

A growing body of quantitative research indicates that mindfulness-based approaches are an effective treatment for eating disorders. This paper presents a qualitative research project which attempts to fill a gap in the literature by exploring the lived experience of therapists using mindfulness to help their client's diagnosed with eating disorders. Five experienced psychologists were interviewed and Thematic Analysis was used to analyse the transcribed data into themes. The research found that therapists experienced mindfulness as a helpful adjunct to the therapy. They reported that it benefited them personally by reducing their stress, and professionally by helping build the therapeutic relationship with their clients. Therapists found that mindfulness had to be creatively adapted to the age and diagnosis of individual clients and that motivation and practice were key factors in successful treatment. Recommendations for clinical practice and further research are discussed.

nadmys@gmail.com

## **Afternoon 2.30pm - 5.00pm**

### **Bicultural Psychology**

*Chair: Waikaremoana Waitoki & Julie Wharewera-Mika*

2.30pm - 4.00pm Riwaka

2.30pm

### **Recipient of the Karahipi Tumuaki 2014**

#### **Social disadvantage, ethnic identification, and mental health in Māori adolescents**

*Mihiroa (Whitney) Gillies, Masters Student in Child and Family Psychology, Ngāi Tahu Research Centre, University of Canterbury*

The mental health of New Zealanders who identify as Māori has become an increasing concern over the past few decades, with one scholar claiming that 'poor mental health is the most serious health problem facing Māori' (Durie, 1997). This concern extends to adolescents, with research indicating that Māori youth have higher rates than their non-Māori

counterparts in many mental disorders including depression, anxiety, conduct disorder, suicidal ideation / attempts and alcohol and illicit substance abuse (Fergusson et al., 2004). Research is currently being done to further explore the nature of this discrepancy, with the aim of examining the role of cultural identity and social disadvantage / childhood adversity on adolescent mental health. This research is utilising data gathered on mental health, cultural identification, socioeconomic factors and childhood adversity as part of a longitudinal study of a New Zealand birth cohort (the Christchurch Health and Development Study), and is based on 1265 young people, ages 15 through to 18.

Research conducted so far indicates that adolescents in this study (aged 15-18) who identify as New Zealand Māori had rates of disorder that were 1.7-fold higher (95% CI 1.310-2.109,  $P < 0.001$ ) than those of non-Māori, with higher rates of externalising disorders in particular.

Further analyses are planned to ascertain whether these elevated rates of mental disorder amongst Māori are explained by their higher exposure to socioeconomic disadvantage and childhood adversity, and whether Māori identity acts as a protective factor that reduces rates of mental disorder amongst Māori.

mihiroa@hotmail.com

3.00pm

### **Ngāpuhi accounts of Māori-settler relationships: A Pākehā response to "Ngāpuhi Speaks"**

*Ingrid Huygens, Tangata Tiriti education project & Ray Nairn, Kupu Taea research project*

In 2010-2011, an alternative account of settler history was offered by Ngā Hapū o Ngāpuhi Nui Tonu in their Waitangi Tribunal hearings. Ingrid Huygens was one of the Independent Observers Ngāpuhi invited to report on the evidence about intentions and effects of He Wakaputanga - The Declaration of Independence (1835) and Te Tiriti o Waitangi - The Treaty of Waitangi (1840).

Of critical importance for psychological interventions with Māori is recognition of Māori authority in narrating their own history. The Ngāpuhi account gives agency to Māori voices, restoring faith in the intelligence and intentions of tupuna for the future of the Māori-settler relationship. The dominant discourse of settler relationships with Māori has been challenged by Ngāpuhi and this in turn requires Pākehā to respond to that challenge through an enlightened understanding of Te Tiriti and of their own culture. Ingrid and Ray, as Pākehā, tangata tiriti, will offer their perspectives on engaging a more balanced approach to stories about Te Tiriti o Waitangi - The Treaty of Waitangi and how it applies to the practice of psychology.

workwise@pl.net

4.00pm

### **Whakawhanaungatanga and Personal Challenges in Māori Leadership: Stories from the Boardroom to the Marae**

# Programme & Abstracts, Sunday 31st

Maree Roche, Lecturer in Psychology, University of Waikato

Jarrod Haar, Massey University

David Brougham, Massey University

The 'relational edge' refers to the advantage that Māori leaders have in harnessing relationships, and is purported to be central to Māori leadership and organisational growth, yet exploration of the nature of the Māori relational edge have not been fully investigated. Drawing from Māori conceptualisation of whakawhanaungatanga we presents research from 15 in depth interviews of Māori leaders, from private, public, and not-for-profit sectors including iwi. While the relational edge, as expected, is central to successful Māori leadership our findings suggest that underlying the promise of the 'relational edge' is a complex and demanding web of personal and organisational negotiations, support, and trade-offs. This is particularly so towards cultural and personal challenges, such as trading off iwi development for economic gain. Overall, we highlight the 'relational challenges' Māori leaders particularly face, even in light of their known ability to harness the relational edge for organisational growth.

mroche@waikato.ac.nz

2.30pm- 3.30pm Matai 1

## Public Forum with Politicians

### Individual, Family and Community Well-being: What the political parties are saying.

Description: As we prepare to cast our votes in the 2014 election, it is timely to evaluate the policies being advanced by the major political parties from the point of view of what those policies might offer in terms of enhancing the psychological well-being of New Zealanders. In this forum, the Institute of Community Psychology Aotearoa (IComPA) will convene a panel of spokespersons from the main political parties. Each panellist will be given 5 minutes to address the following question: What will your party's policies do to enhance the wellbeing of individuals, families and communities in New Zealand? Following the opening comments, questions will be invited from the floor. These may be directed to the panel as a whole or to a specific member of the panel.

2.30pm-3.30pm Waimea

## Public Talk with Tony Taylor

### The 1964 Wellington study of Beatlemania

A.J.W. Taylor PhD, Emeritus Professor of Psychology, Victoria University of Wellington, NZ  
During the three-day Beatles' visit to Wellington in June 1964 an Honours class in clinical psychology set out to objectify some of the major parameters of crowd reaction. Advance publicity warned of the hysterical response, mainly of young women, to the sight, sound and lyrics of four working-class lads from Liverpool. Accordingly, access was made to sample a range of people from the general community to ascertain their levels of clinical hysteria, personality structure, and social inclusion. Direct

observations were made at two concerts, and John Lennon was interviewed to discover the elements the musical group targeted to achieve the particular effects.

The outcome confirmed that the keenest of Beatle fans expressed their adulation in an excessive manner, albeit with elements of developmental but not of clinical significance. The Lennon interview pointed to the importance of a particular beat in arousing a young female audience.

Versions of the project were published in the British Journal of Social & Clinical Psychology, 1966, 5, 2, 81-88, and in Truzzi, M. (Ed.). (1968). *Sociology and everyday life*. (pp. 161-170). New York: Prentice Hall. In 1992 the Clinical Psychology Forum 50, 9 -13 reprinted the first article to inspire more psychologists to gather data in community projects.

tony.taylor@vuw.ac.nz

## Clinical Psychology continued

2.30pm - 3.30pm Heaphy

Chair: Jackie Feather

2.30pm

### The integrated intern: a modern means to practice

Dr. Barbara Kennedy, Massey University

Traditionally, education in psychology focusses first on training students in the science of the discipline, but within a broadly liberal arts framework and with topics taught quite separately by content experts. The aspiring practitioner however finds that this necessary foundation is not sufficient for practice. Meeting client needs also requires learning how to draw together knowledge from these various content silos, being able to identify and remedy relevant knowledge gaps and then to apply that knowledge. Although there has been some research consideration of how experienced practitioners do that, to a large extent, the process of bridging the gap from siloed components of foundational knowledge to effective practice remains largely unexamined from a pedagogical perspective. The integrated curriculum approach has had various applications in Education, and since the 1990s has provided the framework for possibly the most significant shift in Medical Education since training for medical practice became a University undertaking in OECD countries. Although such wholesale redesign may not be achievable for psychology, integrated curriculum has much to offer at the internship level as will be illustrated with reference to a programme designed to address a specific need in New Zealand.

B.J.Kennedy@massey.ac.nz

3.00pm

### Being valued and connected: How Christchurch psychologists maintain and build their resilience through adversity

Fiona Howard, The University of Auckland



# Programme & Abstracts, Sunday 31st

S  
U  
N  
D  
A  
Y

How psychologists maintain and build their resilience in the context of natural disasters has become a topic of considerable professional interest in Aotearoa since the recent Christchurch earthquakes. It is important to hear from psychologists, living and working in the region who can offer first-hand information about the challenges to their professional survival and growth. The purpose of this study was to understand further the process of building resilience under extremely stressful or traumatic circumstances. Following a nationwide study of psychologists' resilience (McCormick, 2014), a focus group interview was conducted in Christchurch with experienced psychologists. Key themes reflected an unparalleled community valuing of psychology and the experience of growth in their resilience. Further themes included the importance of feeling connected and supported and having something to believe in, i.e. sustaining spiritual or philosophical perspectives. Psychologists discussed the importance of maintaining realistic expectations in the face of continuous adaptation and how negative judgements and avoidant coping undermined resilience. Their advice for our profession included the importance of learning about stress, emotions, self-care, adversity and resilience during training and beyond this developing beliefs and values about acceptance of self and one's vulnerabilities.

f.howard@auckland.ac.nz

## Clinical Psychology

*Chair: Kerry Gibson*

2.30pm - 3.30pm Wairau

2,30pm

### **Poor recognition relative to recall performance on neuropsychological tests of episodic memory: Performance invalidity, or legitimate clinical presentation?**

*Simon J. Walker, Auckland University*

Performance validity assessment is a highly contentious component of contemporary neuropsychological assessment. It is widely accepted that patients rarely, if ever perform with a pattern of poor recognition relative to recall on tests of episodic memory, except in cases of performance invalidity. However, this viewpoint remains founded on the intuitive assumption that tasks with recognition formats are simply easier than recall tasks. In this study, recall and recognition performances were contrasted between 615 patients and 218 age-matched healthy controls using the Doors and People Test. For both patient and control groups, recall-recognition discrepancies approximated normality with 38% of the patient group and 30% of the control group performing more poorly on recognition than on recall measures. Moreover, within patient and control subgroup analyses revealed that participants with large 'atypical' (poor recognition vs. recall) discrepancies performed significantly better on recall measures relative to

participants with large 'typical' discrepancies. Patients with potentially litigious injuries were not overrepresented in the 'atypical' discrepancy group and there was no evidence that this pattern of performance was due to the presence of an executive dysfunction. Based on these findings it is concluded that poor recognition versus recall is a bona-fide neuropsychological presentation and in the majority of such cases, an inference of performance invalidity is unwarranted.

swal137@aucklanduni.ac.nz

3.00pm

### **Taking neuroleptics in NZ: preliminary results of The Experiences of Antipsychotic Medication Survey (TEAMS)**

*Miriam Larsen-Barr*

*Fred Seymour*

*Kerry Gibson*

Antipsychotic medications (AM) are the designated first-line intervention for psychosis in NZ best-practice guidelines and are prescribed for a range of other mental-health problems. Little is known about how people experience AMs. This study explores how people experience AMs, use psychosocial strategies and, where relevant, manage discontinuation. An anonymous, semi-quantitative survey was delivered online to NZ adults who currently take or have previously taken oral AMs for over 3 months. Participants (n=150) reported taking AMs for psychosis, bipolar disorder, depression, eating disorders and anxiety disorders. Descriptions of taking AMs ranged from "life-saver" and "useful tool" to "mixed bag" and "hell". The majority experienced both benefits and disadvantages. Other treatment options were rarely offered at first prescription but were nevertheless used by many. Most had contemplated stopping AMs, the majority of whom reported at least one attempt, with variable preparations, methods and outcomes described. Of those who sought medical advice regarding discontinuation, most were told not to proceed and did so regardless.

AMs can be experienced as crucial lifesavers, useful tools with drawbacks and/or destructive forces to endure or escape. Multiple psychosocial strategies are described as helpful. Attempted discontinuation appears common, yet risky and poorly supported but still achievable for some. There is a need for improved support for those who would prefer not to take AMs.

mbar114@aucklanduni.ac.nz

4.00pm

### **Metaphors in motion - Science meets Simplicity!**

*Geraldine Keith*

*Jenny Gibbons, equestrian specialist*

*Petro Boysen, Psychotherapist,*

*Lisa Cameron, Trainee equestrian specialist,*

EAGALA is the Equine Assisted Growth and Learning Association. Internationally recognised and utilized as a powerful context for therapeutic change. Mental health services and the military use the model in the UK, USA,



# Programme & Abstracts, Sunday 31st

SUNDAY

Norway and other European countries. An EAGALA team consists of an Equestrian Specialist (ES) a Mental Health Specialist (MH) and the horse and the herd. The presentation will explore a range of diverse clinical applications and follow up data to examine the resilience of the transformation shifts that are found to occur, often very rapidly within a session. The psychological application uses a spectrum of best practises. Stationary sessions are 90% of the ground work, EAGALA as a strength-based intervention which uses a variety of interventions such as cognitive reframing, experiential learning, problem solving and social skills training. Examples include stationary moments with one horse (complex grief) and heightened activity and interaction with the herd as a whole. (social phobia). 90 percent is ground work. As adjuncts there will be a poster presentation with sample videos.

geraldine.keith@xtra.co.nz

4.30pm

## ACC presentation

**The focus in this presentation will be on current initiatives within ACC**

*Kris Fernando National Manager: Psychology and Mental Health*

- The early identification of psychosocial obstacles and the right intervention at the right time to present pain disability and long-term disability
- Integrated Services for Sensitive Claims
- Branch Advisory Psychologist role and initiatives

Time will also be allocated for questions from members about any issues which they would like to raise.

kris.fernando@acc.co.nz

## Guest address

**Niki Harré**

***The Infinite Game: How to live well together***

4.00pm - 5.00pm Matai 1  
see abstract on page 12

## Experimental Psychology

*Chair:*

4.00pm - 5.00pm Waimea

4.00pm

**How to augment risk perception: the high road or the low road?**

*Jo Secher, University of Otago*

*Professor Jamin Halberstadt, University of Otago*

Malicious hazards are relatively new to risk perception research - from the inception of risk perception research in the 1970s to the turn of the millenium, the hazards participants were asked about were usually ones voluntarily engaged in, like drinking alcohol, driving cars and vaccinations. The utility of such research is quite obvious - if businesses and governments can better understand how people perceive voluntary risks, they can present these risks in different ways to persuade more people to accept relatively small risks (like nuclear power or flying) or to reject realistically significant risks (like smoking or drinking). With malicious hazards that utility does not apply, because people do not get the choice of whether or not to accept malicious hazards. But the belief that malicious hazards are prevalent can still generate undesirable consequences. These might include avoidance behaviour (choosing not to fly for fear of terrorist attacks, choosing not to walk alone for fear of assault) or behaviour resulting from prejudicial attitudes (victimising middle-eastern looking people because of a belief that they are likely to be terrorists). Research identifying the reasons why malicious hazards are perceived as more likely enables disseminators of information to the public to make an informed decision to present information about these hazards in such a way as to keep the perception of their risk in proportion.

jo.secher@gmail.com

4.30pm

**Empathetic vs Cynical Orientations among New Zealand and Hong Kong Undergraduates**

*Lawrence Alfred Powell, Honorary Research Fellow, COMPASS, University of Auckland*

*Lindsay Neill, Auckland University of Technology*

*David Williamson, Auckland University of Technology*

*Marcia Sasano, Waitemata Pho / Comprehensive Care Limited*

*Rosemary Frey, University of Auckland*

*Vivian Miu-Chi Lun, Lingnan University*

Generalised expectations about whether one can trust and afford to cooperate with others to solve difficult problems can have important implications for social capital building and dispute resolution. This research explores the contrast between 'cynicism' -- a component of Leung & Bond's (2004) universal social axioms that has been studied in more than 50 world cultures -- and a more 'empathetic' view of the social world. How do people who believe they live in a you-OR-me world (cynics), differ from those who believe they live in a you-AND-me world (empathetics)? How do these differing orientations to social interaction correlate with (1) aspects of personality and self-conception, and (2) social fairness perceptions? Data were gathered using a multi-construct questionnaire administered to undergraduates in New Zealand and Hong Kong. Results across the two cultural contexts show significant differences in both personality attributes and in fairness attitudes

# Programme & Abstracts, Sunday 31st

S  
U  
N  
D  
A  
Y

between participants who are predominantly cynical in their worldview (higher scores on 20-item Leung cynicism scale, relative to empathy) and those who are predominantly empathetic in their worldview (higher scores on 14-item empathy scale, relative to cynicism.)

[larry.powell@aut.ac.nz](mailto:larry.powell@aut.ac.nz)

## General Psychology

4.00pm Heaphy

### **Introduction to the new WPPSI-IV – Australian & New Zealand Edition: Research, Development and Interpretation**

*Elise Harrison (Presenter), Pearson Clinical & Talent Assessment*

*Valorie O'Keefe (Presenter), Pearson Clinical & Talent Assessment*

*Susan Engi Raiford (Research Director), Pearson Clinical Assessment*

*Diane L. Coalson (Research Director), Pearson Clinical Assessment*

The Wechsler Preschool & Primary Intelligence Scale - Australian & New Zealand Edition (WPPSI-IV A&NZ) is an individually administered, comprehensive clinical instrument for measuring the intelligence of children ages 2:6–7:11, published in April 2014. The new edition features Australian and New Zealand norms, and includes a variety of new subtests to measure the key constructs of working memory and processing speed. The factor structure has been expanded in line with contemporary theory and now has separate factors for verbal comprehension, fluid reasoning, visual-spatial processing, working memory and processing speed. In this hour-long workshop we will review some of the research that informed the development of the new subtests, as well as the A&NZ standardisation study including reliability and validity, differences between the local and U.S. samples, and changes over time. The workshop will also introduce the interpretive procedures using the new factor structure. Time for audience questions will be included.

[elise.harrison@pearson.com.au](mailto:elise.harrison@pearson.com.au)

## CONFERENCE SPECIAL

### ALL NZPsS BOOKS 15% OFF FOR CONFERENCE DELEGATES



#### **1. Professional Practice of Psychology in Aotearoa New Zealand.**

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

**NOW \$64 was \$74**



#### **2. Psychology and the Law in Aotearoa New Zealand.**

Edited by Fred Seymour, Suzanne Blackwell, John Thorburn

**NOW \$56 was \$65**



#### **3. Ka Tū, Ka Oho: Visions of a Bicultural Partnership in Psychology**

Edited by Raymond Nairn, Phillipa Pehi, Rosanne Black and Waikaremoana Waitoki

**NOW \$39 was \$45**



#### **4. New Zealand Journal of Psychology Special Issue: Psychology and Disasters**

**NOW \$30 was \$34.50**

**Come to the registration desk to order these books.**

# Programme & Abstracts, Monday 1st

9.00am - 12.00pm	Symposia
10.30am	Morning Tea
11.00am	Guest address
12.00pm	Keynote Speaker
1.00pm	Lunch
2.00pm	Keynote speaker
3.00pm	The Psychologists Board
4.00pm	Conference finishes

## Morning 9.00am - 12.00pm

### Family/Clinical Psychology

Chair: Barry Parsonson

9.00am - 10.30am

9.00am - Matai 1

### Korean migrants' experiences and attitudes towards mental illness and mental health services in New Zealand

Leah MinKyung Oh, Clinical Psychology Student, The University of Waikato

The process of migration is known to cause significant psychological distress. Korean migrants living in New Zealand are the focus of this study for numerous reasons; the term "Asian" has been identified as over-simplifying the diversity across Asian groups and research done on Korean migrants' in other Western countries show they report lowest on mental health service access yet highest on drop-out rates, even amongst Asian groups. Semi-structured interviews with ten Korean migrants explored their experiences and attitudes towards mental health and mental health services in New Zealand. Through thematic analysis common themes and patterned responses were identified. The most influential factor was found to be Korean cultural values being in conflict with the general understanding of mental illness and mental health services in New Zealand. The implications of this research will be to assist Koreans and other ethnic minorities in New Zealand to better access mental health services in times of need.

allersilver@hotmail.com

9.30am

### Psychology in the Service of Humanity: 17 years of "The Children of Georgia"

Dr JaneMary Castelfranc-Allen, international consultant, Applied Psychology International  
Dr Barry Parsonson, Applied Psychology

### International

The Children of Georgia (Sakartvelos Bvashvebis) is an organisation initiated by the authors based in Tbilisi, capital of Sakartvelo/Georgia, with the aim of improving the care of abandoned, illegitimate and/or disabled children placed in decaying Soviet-era institutions and committed to their closure. This paper outlines the history and processes involved in achieving those and other goals of the organisation over 17 years. As the institutions failed to meet the most basic needs of the children, they were targets of condemnation by UNICEF, who funded a major research project by Children of Georgia (CoG) into the readiness of children for social inclusion. This and other research reports and policy documents produced by CoG led, with support from other NGOs, to their closure. CoG then became involved in providing national support services to the small group homes and foster families receiving children unable to be returned to families. The Russian-Georgian Conflict in 2008 created the need for new services to those displaced and traumatised by war. More recently, the focus has been on training of teachers and social workers in educational and social inclusion and supporting families providing home-based support for children with special needs. This story illustrates how psychology can be a force for social change in an international context.

barryjanemarynz@gmail.com

10.00am

### Fetal Alcohol Spectrum Disorder: A Preventable Epidemic

Dr Barry Parsonson, clinical psychologist, Explore & Applied Psychology International

Fetal Alcohol Spectrum Disorder (FASD) identifies the lifespan cognitive, behavioural and social effects of prenatal alcohol consumption. International estimates suggest that 1% of the school-age population has been affected to some degree, with resultant challenges for the school system. Additionally, some 64% of adolescents with FASD come into contact with law enforcement, resulting in a flow-on into corrections and forensic services for many which continues into adulthood. This paper outlines the diagnostic characteristics of the four categories of FASD and its effects on cognition, memory, learning and behaviour in an effort to increase awareness of this entirely preventable disorder. It also asks the question, given our binge-drinking culture and the role of alcohol in the social lives of much of the population, what is the role of our profession in increasing awareness of FASD?

drp@appliedpsych.co.nz

9.00am - 12.00pm Waimea

Chair: Kerry Gibson

### Mini-workshop- Future Directions for Psychology in Aotearoa: A Time of Transition

Anita Bellamy, Mike Butcher, Trish du Villier, Tina

MONDAY

# Programme & Abstracts, Monday 1st

*Earl, Jackie Feather, Fiona Howard, Nigel George, Kerry Gibson, Kalpana Govind, Sandra Jocelyn, Ingo Lambrecht, Julian Reeves, Mimoza Soldatovic, Leena St Martin, Malcolm Stewart, Marleen Verhoeven*

As most psychologists will be aware, there are major changes afoot in the Health sector. This represents an important juncture for psychologists to reflect on their identity and how they might continue to maintain their relevance in a changing service environment. This workshop is for psychologists engaged in the health field. Through brief presentations and small/large group discussion it aims to involve psychologists in understanding and foreseeing development and change in the health sector, and to be active participants in creating, initiating, and engaging with new directions for health services, including maintaining the role and relevance of psychology in health and leading development in the psychological contribution to health in the future.

kl.gibson@auckland.ac.nz

## Research and Practice symposium

*Chair: Barbara Kennedy*

9.00am - 10.30am Heaphy

9.00am

### **PTSD, Resilience and Fear: Responses of Adolescents to Christchurch Earthquakes.**

*Tim Heetkamp - Intern Psychologist, Real Youth Services (Wise Group)/Massey University; Ian de Terte - Massey University*

The psychological response of adolescents to several significant earthquakes in Canterbury, New Zealand was investigated. A survey questionnaire was completed by 570 adolescents at secondary schools in Christchurch, 6 months after the most destructive earthquake which resulted in 185 casualties. Clinically significant PTSD symptoms were found amongst 24% of the sample, with females experiencing significantly greater levels of PTSD compared to males. Statistically significant relationships were found between trauma exposure and PTSD, as well as fear and PTSD, whereas a significant inverse relationship was found between psychological resilience and PTSD. Multiple regression analysis revealed that fear was the strongest predictor of PTSD symptoms, followed by trauma exposure. Resilience was found to moderate the relationship between fear and PTSD. These findings and their implications for intervention will be discussed, as well as directions for further research.

timothy.heetkamp@real.org.nz

9.30am

### **Different Audience, Different Story, Same Facts.**

*Charlene Neuhoﬀ, Intern Psychologist, Instep Limited / Mental Health Foundation / Massey University*

Organisational psychologists have to present similar information to diverse audiences. Using the examples which have occurred in my internship practice during this year, my talk will reflect on what I have learned is expected (or not tolerated) in material presented to individuals in distressing settings, and to their employers, or to academic or business decision-maker audiences. Ensuring understanding of the same facts is something which done in different ways. Some aspects of duty of care, confidentiality and conflict of interest are also explored.

charlene\_neuhoﬀ@hotmail.com

10.00am

### **Pieces of a Puzzle: Integrating TBI rehabilitation Therapy Through Functional Analysis.**

*Natasha Browne, Psychologist, PsychSynergy*

Although there has been some interdisciplinary research aiming to formulate a rehabilitation taxonomy linking treatment components to patient symptoms, examination of therapeutic components predominates in psychological literature for rehabilitation. Case-work complexity with clients with traumatic brain injury (TBI) is often increased by comorbidity with post-traumatic stress disorder (PTSD) and clinically significant depression and/or anxiety. This short case study investigates the potential of a behavioural functional analysis framework to integrate intervention components drawn from a range of therapeutic modalities to address complex issues associated with TBI and PTSD. This approach creates an individualised therapeutic intervention which is heavily driven by the client's current "real world" needs. Psychologists are able to be highly adaptive to client's "in the moment" conflicts, whilst maintaining the core development of increased hope and independence for the client and a decrease in anxiety and stress.

psychsynergy@gmail.com

## Emotion Science Symposium

*Chair: Michael Philipp*

11.00am - 12.00pm OGGB 4

9.00am

### **Smiling to Smiles After Exclusion: Social Rejection Enhances Affiliative Signalling**

*Michael Philipp, School of Psychology, Massey University*

*Michael Bernstein, Dept of Psychology, Penn State University, Abington, USA*

*Eric J Vanman, School of Psychology, University of Queensland, Australia*

*Lucy Johnston, University of Canterbury*

Reciprocating others' smiles is important for maintaining social connections as it both signals a common affective state to others and possibly induces empathetic reactions in the actor. Feelings of social exclusion may increase such "mimicry" as a means to improve affiliative bonds with others. Whether smile reciprocation differs



# Programme & Abstracts, Monday 1st

based on the perceived smile type was the focus of this study. Young adults wrote about either a time they were excluded or a neutral event. They then viewed a series of smiles-half genuine and half posed. Facial electromyography recorded muscle activity involved in smiling. Excluded participants better distinguished the two smile types. They also showed greater zygomaticus (cheek) activity toward genuine smiles compared to posed smiles; non-excluded participants did not. The extent to which participants reciprocated the smiles was unrelated to their ability to distinguish between smile types. Affiliative motivation is discussed as a possible explanation for these effects.

m.philipp@massey.ac.nz

9.30am

## **Emoticons are processed as genuine expressions of emotion**

*Tracey Bear, School of Psychology, Massey University*

*Michael Philipp, School of Psychology, Massey University*

Emoticons reduce semantic ambiguity and express emotional meaning in written communication. Our fluency in processing emoticons suggests they are more than mere symbols of feeling. Recent evidence suggests that emoticons are processed configurally—recruiting face-specific neural processes to make sense of their meaning. If emoticons are automatically processed as face stimuli, emoticons should elicit fast-onset facial mimicry expressions similar to those elicited by real emotional expressions. Using electromyography, the present study examines whether normal (mouth to the right) and inverted (mouth to the left) emoticons elicit different patterns of mimicry responses. Mimicry responses of the upright and inverted emoticons were compared to photographed emotional expressions. Mimicry activity for upright emoticons was most similar to photographed emotional expressions. Mimicry activity for inverted emoticons was reduced or non-existent. These findings support the notion that emoticons are cognitively processed as real, emotional stimuli.

t.bear@massey.ac.nz

10.00am

## **Do Hypoxia-driven Changes in Mood Affect Cognition?**

*Stephen Hill, School of Psychology, Massey University*

*Stephen Legg, Centre for Ergonomics, Occupational Safety and Health, Massey Univ*

*Andrew Gilbey, School of Aviation, Massey University*

*Toby Mundel, School of Sport and Exercise, Massey University*

*Aaron Raman, School of Sport and Exercise, Massey University*

*Anne Dubray, University of Paris-Sud, France*

*Gareth Iremonger, Royal New Zealand Airforce Aviation Medicine Unit*

On a typical flight in a modern airliner, the decreased pressure in the cabin reduces blood oxygen saturation from

>97% at sea-level to below 92%. Although most previous research has shown that exposure to this mild level of hypoxia does not affect basic cognition, motor performance, and mood, there is some evidence that complex cognitive functioning might be affected. In order to get a deeper understanding of the effects of mild hypoxia on cognition and mood 36 RNZAF personnel completed cognitive tasks and mood measures using the ANAM, Automated Neurophysiological Assessment Metrics battery in a hypobaric chamber at pressures equivalent to 0, 8,000, and 12,000 ft, both with and without supplementary oxygen. Direct effects of hypoxia on cognition and mood were limited. In this presentation we report recent analyses of the effect of hypoxia on the mood-cognition relationship.

S.R.Hill@massey.ac.nz

10.30am

## **Predictably regretful: A comparison of the effects of time, domain, justification, and life rule contradiction on the intensity of regrets.**

*Matt N. Williams, School of Psychology, Massey University*

*Andy Towers, School of Psychology, Massey University*

*Michael Philipp, School of Psychology, Massey University*

*Stephen R. Hill, School of Psychology, Massey University*

Background. Several theories have been advanced to explain variation in the intensity of regret. Thus far, these theories have been tested in isolation.

Aim: To compare the effects of several key theoretical variables on regret intensity: The time since the regretted event, whether the regret was one of action or inaction, the level of justification felt, and whether or not the regretted decision violated the participant's personal life rules.

Method: A postal survey of 429 New Zealand adults.

Conclusions: Contradicting folk wisdom and previous research, action regrets were felt more intensely than inaction regrets. The passing of time led to action regrets being felt even more intensely (in comparison to regrets of inaction), falsifying a prediction of the temporal theory of regret. The strongest predictor of regret intensity was the domain of regret: Regrets in intimate domains were felt more intensely than regrets in non-intimate domains.

M.N.Williams@massey.ac.nz

11.00am

## **The effect of gender and cognitive errors on depressive symptoms in adolescence**

*Tatiana Tairi, Lecturer in Professional Psychology, Massey University*

*Michael Philipp, Lecturer in Research Methods, Massey University*

Depressive disorders represent one of the most prevalent mental health problems in adolescents. By and large, depressive symptoms appear to increase sharply in



# Programme & Abstracts, Monday 1st

---

adolescence, particularly in girls, with prevalence rates among girls doubling those for boys. In this paper, the gender differences of depressed affect are examined among adolescents, with a special focus on the influence of different cognitive errors on depression scores. Results indicated a main effect of gender and the cognitive errors of catastrophising, overgeneralisation and selective abstraction. Girls had higher depression scores than boys, and higher cognitive errors scores predicted greater depression. However, the main effect of gender was qualified by an interaction between gender and overgeneralisation errors. Specifically, overgeneralisation is a stronger predictor of depressive symptoms among girls than boys. Importantly, gender becomes a very weak predictor of depression when this disparity is accounted for. These findings along with suggestions for further research are discussed.

T.Tairi@massey.ac.nz

Society, College, and training programmes), our work with Health Workforce New Zealand (internships, prescribing rights), and the current review of the HPCA Act.

- Operational updates re: registration growth, fees/levy changes, the Continuing Competence Programme, and a complaints overview (including “lessons learned”).
- Guiding the profession: An update on our Best Practice Guidelines.

Time will also be allowed for a general question and answer session.

---

---

11.00am - 12.00pm Matai 1

## **Guest address**

**Catherine Savage**

***Huakina mai: Strengths based behaviour intervention for schools***

*see abstract on page 13*

---

---

**Afternoon 3.00pm - 4.00pm**

## **The Psychologists Board Presentation**

### **New Zealand Psychologists Board annual information and Consultation forum**

*Presenters: Ann Connell (Chairperson) and Steve Osborne (Chief Executive & Registrar)*

Board representatives will hold an interactive forum covering topics such as:

- An update on the developments towards sharing some business functions with like-minded RA partners.
- Announcing a review of the Continuing Competence Programme.
- Update on the review of the accreditation standards.
- An update on the development of internationally agreed core competencies for psychologists (arising from the 5th International Congress on Licensure, Certification, and Credentialing in Psychology).
- Update on links with psychology regulatory authorities in other countries.
- Governance updates re: our ongoing collaboration with the Psychology Profession Advisory Forum (the

M  
O  
N  
D  
A  
Y

# Poster Abstracts

## Poster Board 1 Breastfeeding Peer Counselling – normalisation and confidence-building

*Kathryn Jenner, MSc Student (Health Psychology),  
Massey University*

This project is a scoping and evaluation project of the Breastfeeding Peer Counselling Program in Otago and Southland. Data was collected through one on one interviews with administrators and through small focus groups with the peer counsellors of the programme. Key themes identified including: motivation of peer counsellors to support mothers; level of confidence women had in breastfeeding; and promotion of maternal mental health. Anecdotal evidence showed length of time breastfeeding increased women's confidence which led to better maternal mental health. Additionally peer counsellors identified the need to promote the service more effectively and to a wider range of communities through earlier intervention and better networking. Peer counsellors felt strides had been made in normalising breastfeeding, thus supporting mothers to feel confident in breastfeeding as they felt appropriate.

kathrynajenner@gmail.com

## Poster Board 1

### Hippocampal functioning and the ability to reconstruct autobiographical memories.

*Matt McDonald, PhD student in clinical psychology  
University of Otago*

*Robert G Knight, University of Otago*

In Multiple Trace Theory (MTT) the hippocampal complex and medial temporal lobes are always involved in storage and retrieval of episodic memories, regardless of the age of the memory. The aim of this study was to test MTT using neuropsychological measures in a sample of 80 adults aged 55+. The assessment battery included a modified verbal fluency task to access remote and recent episodic autobiographical memories, a novel recognition memory task based on the process dissociation procedure, and measures of executive functioning. If the theory is correct, the correlation between ability to recall an autobiographical episode in rich detail, and current ability to use memory intentionally (a hippocampal function) should be significant and invariant across episodes recalled from different times in life. Results indicated neither remote nor recent autobiographical memories correlated with intentional memory, but did show correlations with familiarity and executive functioning. Implications and methodological weaknesses will be outlined.

mattm@psychology.otago.ac.nz

## Poster Board 1

### The application and effectiveness of Hearing Voices Groups within a Pacific Island mental health service

*Dr Mark Franks, Lotofale Pacific Island Mental  
Health Service, Auckland District Health Board*

*Karen Lucas, Lotofale Pacific Island Mental Health  
Service, Auckland District Health Board  
Deborah Lampshire, Auckland District Health Board*

There is evidence to demonstrate the effectiveness of Hearing Voices Groups in helping people understand and manage distressing voices. However, few studies have focused on the application of these groups with people from different cultural backgrounds. This poster outlines Hearing Voices Groups that have been utilized within a secondary care Pacific Island mental health service. The poster outlines two types of groups that were utilized. The first group was an introductory group where participants shared their experiences of voice hearing with fellow Pacific Islanders. This served to normalize and validate their voice hearing. The second group was based upon Cognitive Behavioural models of psychosis. This helped participants understand the factors that predispose towards and perpetuate distressing voices, for example beliefs about voices. Various CBT and sensory modulation based coping strategies were also covered. The poster outlines cultural considerations for the groups as well as participant feedback about the groups.

MFranks@adhb.govt.nz

## Poster Board 1

### An Evaluation of the Incredible Years Parent Programme in New Zealand

*Yan Yan Lei, The University of Auckland*

Background The Incredible Years parent programme is a psycho-educational early intervention programme developed in the United States for parents of children with behavioural problems. It aims to provide parents with skills to improve the parent-child relationship and their children's challenging behaviour, social competence and emotional regulation. Method Two studies were conducted to examine the effectiveness, acceptability and accessibility of the programme for New Zealand families within the context of a child and adolescent mental health service. Study 1 investigated the effectiveness of the programme through pre- and post-programme psychometric comparisons. Study 2 investigated the impact of the programme and issues concerned with engagement through semi-structured interviews with a sample of parents. The interviews were analysed using content analysis.

Results Study 1 showed that the programme was associated with significant improvements in parental stress (measured on the Parenting Stress Index) and child externalising and internalising problems (measured on the Child Behaviour Checklist). Study 2 found that the programme generally had a positive impact for families, reflected in reports of improvements in parenting, children's behaviour and the parent-child relationship. Whilst most parents reported that the programme matched the New Zealand context and their family context, a few reported that it was not appropriate for indigenous or minority cultures and non-traditional families. Most parents reported that they enjoyed doing the programme through a mental health service. With the exception of parking and the location in which the

# Workshop Abstracts

programme was run, parents generally did not experience any other practical barriers to accessing programme. Conclusions Current findings suggest that the Incredible Years parent programme is viable for improving parent and child outcomes within a child and adolescent mental health service in New Zealand. However, adjustments could be made to make it more appropriate for diverse cultural groups and family contexts.

ylei008@aucklanduni.ac.nz

## Professional Indemnity and Public Liability Insurance - Special Rates for New Zealand Psychological Society Members

### Designed to meet the needs of registered psychologists including those in private practice

As an NZPsS Member and registered psychologist, you automatically receive a 10% discount off your first year's premium (or part thereof) and

- A dedicated Medico Legal Specialist lawyer to provide legal aid in the event of a claim
- Free access to EAP (Employee Assistance Programme) for counselling services up to the value of \$500.00 in the event of any one claim.

Intern Students – free cover available to student members of the NZPsS

Other insurance covers that are available are Internet liability and Fidelity Guarantee, Directors and Officers Liability, Employment Disputes. These are designed for members who have their own practice with staff.

For further information go to [www.psychology.org.nz/membership/benefits/professional-indemnity-insurance](http://www.psychology.org.nz/membership/benefits/professional-indemnity-insurance)

Application forms are on-line or direct your enquiries to Donna at [membership@psychology.org.nz](mailto:membership@psychology.org.nz) telephone: 04 473 4885.

## Friday 29th August workshops

### Collaborative-Dialogue: Improving the Success of Therapy through Re-thinking the Therapist's Role and the Therapy Process

**Presenter: Harlene Anderson**

*Please see page 11 for Harlene's bio.*

In this workshop participants will learn the underlying assumptions and applications of the Collaborative-Dialogue therapy approach. Specific attention will be to the therapist's "philosophical stance": how the therapist thinks, acts and relates with the other person(s). Collaborative-Dialogue therapy offers both an alternative approach to psychotherapy practice and valuable tips to enhance the opportunity for therapy to be successful. Collaborative-Dialogue therapy is used with individuals, couples, families and groups, and across cultures and in a variety of practice contexts. There will be ample time for questions, discussion and a demonstration/consultation of collaborative-dialogue. About Collaborative-Dialogue: A therapy approach that is among those therapies referred to as dialogue, conversational, narrative, postmodern and social construction. As similar among these therapies, in Collaborative-Dialogue the therapist shifts them from a hierarchical expert position to one of mutual inquirer and encourages a natural rather than pre-designed transformational process. The therapy system is considered a conversational partnership that relies on the expertise that client and therapist bring, and therefore, the system becomes less of a hierarchical top-down expertise system: all participants, therapist and client, contribute to the construction and sustainability of the therapy outcome. The therapy process helps the client access, develop and use their local knowledge, expertise and resources to produce outcomes fitting to the uniqueness of each client and their novel circumstances.

### Violence within institutions

**Presenter: Michael Daffern**

*Please see page 10 for Michael's bio.*

Aggression and violence are common in mental health units; they can have a significant negative impact on the health and wellbeing of those who are victimised and those who witness aggression. Aggression and violence affect the milieu and treatment regime and ultimately the quality of care provided. In this workshop participants will be invited to explore the various factors contributing to violence and become familiar with assessment methods and intervention strategies. The relevance of aggressive behaviour within the unit to violence in the community will be considered. In this regard, a case formulation based approach to assessment - the Offence Paralleling Behaviour (OPB) framework, will be introduced. OPB formulations look systematically at the relationship between current day-to-day functioning within

# Workshop Abstracts

secure settings and the person's behavior in other contexts, with a view to using the current presentation to inform risk assessment and intervention.

## HOW IDEAS BECOME PRACTICAL APPLICATIONS WITH ORGANISATIONAL AND COMMERCIAL IMPACT

**Presenter: Andrew Munro**

*Please see page 8 for Andrew's bio*

This three hour workshop is designed for practitioners in corporate and consulting life with ideas and insights that can be translated into processes for individual, team and organisational effectiveness (from apps for personal and career development to the kind of analytical tools that support strategic planning).

The session identifies the factors that underpin the development of psychologically-based products and services, and outlines a methodology to manage the process from idea generation, design, implementation to the measurement of commercial and professional success.

To optimise the value of the session, delegates preferably will operate in roles with scope to implement psychological theory and expertise into applications for their clients. The workshop will be facilitated by Andrew Munro (MA Hons, C Psychol) who has over 25 years' experience of product development collaboration in the corporate and public sectors, as well as helping a range of consultancies turn their concepts and ideas into commercially viable methodologies, processes and tools. Over this time he has seen many outstanding successes (some unexpected), as well as a fair number of dismal duds, and thinks he now knows the dynamics that increase the probability of a successful application.

The workshop incorporates:

- identifying and screening promising ideas and separating the innovative signal from the noise
- clarifying the purpose and positioning of the application: its scope, appeal and claim
- the sweet spot of "content, design, technology and process"
- trade-offs; conceptual elegance, methodological realities, end user benefits and commercial appeal
- the practicalities of project management, and how to build, pilot, test and improve quickly and cost-effectively
- building the evidence and marketing the claim: logistical, professional and ethical issues

The workshop will be interactive with opportunity to work through case studies and look at your own practical examples. We will share experiences and ideas about the future of psychologically robust concepts that will have sustainable impact.

## Resilience under pressure

**Presenters: Gaynor Parkin and Fiona Howard**

- Feel like you have too many balls in the air?
- Is it hard to get a sense of doing anything well because you are juggling lots of priorities?

Recent research from positive psychology and neuroscience has provided some exciting new insights about how to stay resilient and thrive. This workshop will provide an overview of this research and the resilience and wellbeing skills that are informed by this research. The workshop will be interactive with opportunities to try out some of the tools and tailor their use to participants work and lives.

Topics to be covered:

- Overview of stress, recovery and resilience: what does recent research tell us?
- What are the specific needs of psychologists in terms of building resilience? Insights from local research.
- Putting the research knowledge into practice – a toolkit of resilience skills
- Improving performance at work and recovery from work, strengthening your bounce back from stress and difficult emotional experiences, maintaining physical well-being when time is short.

### Presenters

#### Gaynor Parkin

B.Soc.Sc., BA(Hons), MA (Applied) Clinical Psych, Gaynor has worked for 2 decades as a clinical psychologist in New Zealand and the UK. Over the last decade Gaynor has held a teaching role in the Clinical Psychology Training programme at the Victoria University of Wellington. Gaynor is the co-author of the book "I've had it up to here: from stress to strength", published by Consumer NZ in 2008 and reprinted in 2011.

Gaynor currently combines her university teaching with her role as Managing Director at Umbrella Health Ltd. Gaynor is also undertaking a PhD investigating the effectiveness of resilience training.

<http://www.victoria.ac.nz/psyc/about/staff/gaynor-parkin>  
<http://www.linkedin.com/pub/gaynor-parkin/22/8b1/a93>  
<http://www.umbrella-health.com/>

#### Fiona Howard

Fiona is a Senior Tutor in the Doctoral Programme of Clinical Psychology at the University of Auckland. She also works in part-time private practice. Fiona's clinical experience and interests lie in adult mental health, addiction and positive psychology. In particular Fiona is interested in approaches to maintaining health and well-being in clinical practice. In addition to this Fiona has been providing training in clinical supervision for over 10 years, facilitating workshops for many health professionals and organisations including District Health Boards, CYFS, Corrections, University of Waikato and Victoria University.

# Workshop Abstracts

---

## **Māori Psychology Forum**

**Presenters: Dr Erana Cooper,  
Dr Waikaremoana Waitoki, Associate  
Professor Linda Waimarie Nikora and  
Professor Ngahuia Te Awekotuku**

Nau mai, haere mai - to a special forum on 'Māori & Psychology: Professional Issues'.

Are you interested in what is happening in the profession that is relevant and interesting for Māori?

Dr's Erana Cooper and Waikaremoana Waitoki (Bicultural Directors, NZPsS) would like to welcome all Māori psychologists and allied practitioners, researchers, academics and students to a Māori Psychology Forum on Friday 29th August 9am - 12pm.

We would like to update you about activities within the Society and the wider profession, and also to facilitate discussion about a range of current professional issues relevant to Māori. There will be time for whakawhanaungatanga, presentations, and discussion. It would be cool to kōrero with you in a relaxed atmosphere, so we hope to see you there!



## **NZPsS Workshops coming up**

### **Two day workshop – presented by Scott Miller**

2 & 3 October 2014, Auckland - **SPECIAL OFFER FOR ICP MEMBERS- 50% off the registration fee**

Day 1: Feedback Informed Treatment: Making Services FIT Consumers and

Day 2: REACH: Pushing Your Clinical Effectiveness to the Next Level.

### **Enhancing Competence in Supervision: Essential Elements of Effective Practice– presented by Fiona Howard (introductory)**

29 September, Hastings

### **Enhancing Competence in Supervision: Power, Process and Emotion in Supervision - presented by Fiona Howard (advanced)**

17 November, Hastings

### **Unravelling the mystery of addiction, substance use and associated compulsive behaviours: an integrated guide to formulation and treatment**

Dr Matthew Berry

Auckland, 31 October 2014

Wellington, 3 November 2014

Go to the website for more information about the training and to see updates:

<http://www.psychology.org.nz/pd-events/nzpss-events>

or contact Heike at [pd@psychology.org.nz](mailto:pd@psychology.org.nz)

## ***PsychDirect* puts new clients in touch with private practitioners**

Do you know about the *PsychDirect*, an internet based referral service offered by the New Zealand Psychological Society? On the front page of our website [www.psychology.org.nz](http://www.psychology.org.nz) we have a button called 'Find a Psychologist'. People use this to find psychologists who practice in their area, for various issues and with various practice theories.

We received this comment from a potential client recently.

"I used your search engine selecting (the categories) depression, Dunedin, Adult. The result was 0 matches. I know this to be untrue."

The answer to this query is simply that the only psychologists listed on *PsychDirect* are those who choose to advertise there. For half the cost of advertising in the Yellow Pages you will receive clients and referrals both locally and from around the country. The NZPsS National Office frequently receives requests for referrals to psychologists and we refer people through *PsychDirect* because we know those psychologists are open to receiving new clients. There is also great demand for psychologists with skills in particular psychological models (e.g. CBT), work areas (e.g. Family Court and ACC) and those who speak other languages.

So if you want new clients, and referrals you can subscribe to *PsychDirect*. This service is available to NZPsS members, who are registered with a current APC.

This service costs \$60 annually and can be activated by filling in the form on our website at [www.psychology.org.nz/membership/benefits/psychdirect](http://www.psychology.org.nz/membership/benefits/psychdirect) or contact the membership administrator Donna Macdonald for more information on (04) 4734885.



---

**Contact information:**

The New Zealand Psychological Society  
PO Box 25271, Featherston St-  
Level 7, The Grand Annex,  
84 Boulcott Street, Wellington.  
Phone: +64 04 4734884, Fax +64 04 473 4889  
Enquiries: [office@psychology.org.nz](mailto:office@psychology.org.nz)