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Psychological Society

Te Rōpū Mātai Hinengaro o Aotearoa

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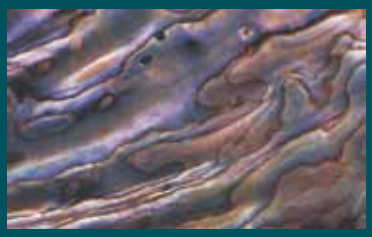

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Kia ora and welcome to *Psychology Aotearoa* the official twice yearly publication of the New Zealand Psychological Society. *Psychology Aotearoa* aims to inform members about current practice issues, discuss social and political issues of importance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

Being part of *Psychology Aotearoa*

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

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

The New Zealand Psychological Society

Te Rōpū Mātai Hinengaro o Aotearoa

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

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

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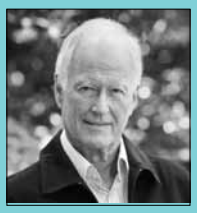

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President's Korero—Quentin Abraham

Tēnā koutou ngā kaiwhakamatau hinengaro

Diverse cultures are strong, and mono-cultures are weak. We know that single varieties of bananas are much more vulnerable to disease. Likewise socially diverse, heterogeneous groups have a tendency to be more innovative and better at solving non-routine problems than homogenous groups.[1] At this year's NZPsS Conference[2] we were able to celebrate the wide diversity of psychology practiced nationally and internationally with keynotes that ranged from disaster research, brain structure and the mind, psychology in correctional facilities, Māori health inequity, the reliability of forensic assessment and engagement with Pacific peoples.

This rich menu of diverse fruits challenged a current trend towards specialisation in our profession. Increasingly colleagues are required to justify their attendance at conferences if they do not meet narrow training objectives rather than feasting on the variety that psychology offers. One of the unexpected highlights at this conference was the awards ceremony. This was an opportunity to publicly acknowledge those who have achieved excellence and made significant contributions to our profession. Rebekah Graham, accepted the NZPsS Social Justice Award stating it was a vindication for her perseverance in the face of skepticism from her colleagues. Her research into the lived experience of food insecurity was not considered to be 'real' psychology. Her co-authored book chapter about the context, conditions and psychological experience of inequality provides an insight as to how psychologists can contribute to society.[3]

It was not necessary for you to go to America to catch Professor Stuart Carr's work on applying psychology to the Global Living Organisational Wage project (GLOW). He was one of the final guest speakers of our NZPsS conference. He also proposed that the discipline of psychology can add to the alleviation of poverty.[4] Poverty is viewed as an intolerable waste of talent, not just a lack of money but the inability to realise one's potential as a human being. The GLOW project is a multi-site, global research project that provides the data so we can advocate for living wages at an organisational level.

It is through some of these diverse contributions from psychology and on the back of the NZPsS commissioned report on mental health and child poverty[5] that I have met with representatives from various political parties in the run up to the election about how psychology can inform public policy in Aotearoa/New Zealand.

My sympathies go out to those who are working within 'publish or perish' research environments that favour narrow, short term and simple research topics. Furthermore, the dichotomy between pure and applied research has always seemed an outdated debate. Professor Neville Blampied gave a keynote at one of the Society's previous conferences citing Witmer, 1907 … in the final analysis, the progress of … psychology, as of every other science, will be determined by the value … of its contributions to the advancement of the human race. He argues that historically our research methods have not always served us well and that by selecting methods fit for purpose such as single case designs, it will help us achieve our purpose in psychology[6]. We also need our 'blue skies' research. A recent book review described how the US National Science Foundation bankrolled research over 25 years with 1000 scientists and engineers before they discovered gravitational waves. These gravitational waves make up the very fabric of our universe.[7]What would it be like to have this scope and vision within the discipline of psychology?

1 Phillips, K. W. (2014). How Diversity Makes Us Smarter. Scientific American, (Oct 1). Retrieved from https://www.scientificamerican.com/article/how-diversity-makes-us-smarter/

2 The New Zealand Psychological Society Annual Conference, Christchurch, Aotearoa/NZ, 30 August to 2 September 2017

3 Jackson, K., & Graham, R. (2017). When dollar loaves are all you have: Experiences of food insecurity in Hamilton, New Zealand. In S. Groot, N. Tassell-Matamua, C. v. Ommen, & B. Masters-Awatere (Eds.), Precarity: Uncertain, insecure and unequal lives in Aotearoa New Zealand: Massey University Press.

4 Carr, S. (2017). Is "Working Poverty" any of our Business? Paper presented at the New Zealand Psychological Society Annual Conference 2017, Christchurch, Aotearoa/NZ. http://www.organisationalpsychology.nz/_content/Carr.pdf

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

6 Neville M Blampied. (2014). Psychology in the 21st C – Getting over our addiction to p so our research can be evidence for our practice. Paper presented at the New Zealand Psychological Society, Annual Conference, University of Canterbury, Christchurch, New Zealand 30 Aug-1 Sept 2014. https://ir.canterbury.ac.nz/bitstream/handle/10092/10405/12653781_Blampied%5eNZPsS%20Keynote%5eAug2014.pdf?sequence=1&isAllowed=y

7 Farmelo, G. (2017, 1 September). A new window on the universe: Book review: Ripples in Spacetime: Einstein, Gravitational Waves and the Future of Astronomy by Govert Schilling, Harvard 340pp. The Guardian Weekly, pp. 34-35.

I meet regularly with other leaders in psychology in Aotearoa/New Zealand to discuss our contribution, most notably the Psychology Workforce group with representatives from the Ministry of Health. In order to approach fund holders regarding training and ongoing funding in psychology we have been pressed to succinctly describe our added value alongside other professionals. I would argue that one of our strengths is the embodied knowledge and theory that we bring to make sense of complex messy social situations. The distinction between Big K and Little k can be helpful.[8] Psychologists add value by applying Big Knowledge (Big K) to succeed in a complex situation. Big K refers to the domains that evolve into specialisms, drawing on high quality good evidence and going beyond the property of individual minds. Little Knowledge (Little k) is knowledge within the realms of individual educational and personal professional experience used by paraprofessionals. Paraprofessionals are not subject to the rules of practice that apply to Big K. Those who have acquired Little k will be trained in limited, competency based models without the considerable practice to ensure client benefit. Superficially, briefly trained paraprofessionals may seem like a low-cost alternative to fully qualified psychologists but may in the long term be a false saving as they cannot offer the range of systemic, preventive work to ensure successful long-term outcomes for clients.

Many tangata whenua would endorse a holistic approach to working with our communities. One year, I was absent from my te reo Māori class attending a NZPsS conference. The tikanga was to mihi and to explain your absence in te reo Māori. I will never forget the look of incredulity and genuine bemusement from one of our kuia that someone would go away to discuss human beings only in terms of their hinengaro (mind). I had spent many years citing Mason Durie's Te Whare Tapa Whā, arguing at the very least we should consider Te Taha Hinengaro (The capacity to communicate, to think and to feel mind and body are inseparable), Te Taha Tinana (Good physical health), Te Taha Wairua (The capacity for faith and wider communication) and Te Taha Whānau (The capacity to belong, to care and to share where individuals are part of wider social systems). However, at that moment, it seemed very strange to reduce human beings only in terms of their mind. Thankfully, our conferences do attempt to take a much broader perspective than how we have traditionally practised psychology.

We need both specialists and generalists to resist reducing human beings into meaningless, discrete parts, treating or researching them out of context and/or without their voice or the voice of their communities. Managing this level of complexity and diversity is not easy. A wider range of world views and difference risks more conflict. However, working with this difference is at the very core of psychology. Not a single species of banana but fruit salad, perhaps even a slice of pavlova!

Kete kete, kā kā kū kū, whakawhitiwhiti wheiao (Diversity creates the world/s rich chorus)

Quentin Abraham

8 Corrie, S., & Lane, D. A. (2015). Things to Keep Us Awake at Night: The Challenges of being a Psychologist in the UK. Psychology Aotearoa, 17(2), 136-140

Editorial

Tēnā Koutou everyone

Well, it has been a tumultuous time with the election, but finally we have a new government and one that promises changes for the lives of many New Zealanders. Many of the election issues were integral to the work of many psychologists, for example, the alleviation of poverty and care for the environment captured many voters' hearts and minds. Many of us will eagerly await the changes in housing, health, education and justice areas to name a few. There may also be changes to the work of psychologists. For example, we may now see more money go into mental health services and counselling made freely available to the young. Such policy commitments could make a considerable difference to the lives of our clients and indeed the work we engage in.

Once more, we bring you a bumper crop of fascinating reading! Many of the key election issues are touched on in this edition. For example, poverty is the focus of Rose Black and Rebekah Graham's articles. Rose's article is a summary of her response to questions asked of National Office about poverty. Her work is representative of Poverty Action Waikato (PAW) over recent years. Rebekah Graham, co-recipient of the inaugural Postgraduate Psychology Student Social Justice Scholarship 2017, has kindly written an account of her PhD on the lived experiences of food insecurity within the context of poverty in Aotearoa. Her passion and commitment shine through in approach to this topic during which she regularly attended community meals and people's homes and shopping expeditions. This unique approach provided some first hand and hard-hitting observations of the impacts on the lives of those affected by poverty and unable to feed their family. This relatively untold narrative provides insight for those of us also working with such families and reminds us of the multiple ways in which poverty challenges people in Aotearoa. Well done Rebecca for a brave and important study!

In 'An Accidental Advocate' Kim McGregor, a name many of you will now be familiar with for the workshops she runs for the Society, charts her personal history from childhood abuse survivor to 'Chief Victims Advisor to Government'. Kim tells a story of incredible persistence and resilience as she has continuously fought for the rights of abuse survivors in the system, whether it be for better protection for children and women within the court system or access to treatment. The battle to keep services for victims of sexual abuse funded by successive governments has been long and hard and Kim, amongst others, has been at the forefront of these efforts. Kim's commitment and clarity of purpose come through and are inspiring to us all.

Inspiring stories of women's achievements despite challenging contexts is a continuing theme in the piece written by Helen Vykopal, Kirsty Agar-Jacomb & Megan Anderson, three senior women psychologists employed within DHB settings. Helen, Kirsty and Megan have written an article backgrounding the still prevalent gender gap in the workforce and extend a challenge to take note of discrimination that may subtly influence communication and power in the workplace. They ask the question - if the 80% of female psychologists challenge the gender roles that continued to define them, what would be the impact on the wider system? Their premise is that in order for us to make a difference to the extent to which women are represented in more powerful roles within workplaces and have greater authority in their teams we all must take note of and amend our communication style. Whilst this is not new to those who trained when feminism was at its height, the message is still important today as the relative status of women and men in society remains unequal, despite years of effort. Given the broader context of the need for greater leadership within the psychology profession, a female dominated profession, this message seems to need continued reiteration.

We are privileged indeed to have some of the thought-provoking keynote addresses from the conference included in this edition. Julia Ioane, who is of Samoan descent, shares understandings of her culture with us in the hope that we may better understand her people when we interact with them as clients. Julia asks that before we step in to a Pasifika client's world, we must first understand that world. She describes some of the important principles and concepts from Samoan culture, belief systems and practices. Julia, in her warm and generous way is encouraging us to grow our cultural understandings as those of us not from a Pasifika culture still have a lot to learn.

Devon Polaschek, on the other hand, shares her understanding of a different culture – that of psychology within the correctional system. It is interesting to consider the rich history of psychology within Corrections, and how like many other fields of psychology, it is also being challenged by increasing demand for its evidence base and its relevance. There are parallels here indeed with some of the earlier writings in this journal about the future of psychology.

This future orientation was also the focus of Michael Corballis' keynote in which he explored the capacity of humans for 'internal mapping of space and time' and 'the need to know where they are, where they have been, and where they might go next'. Michael takes us on a journey of discovery about the workings of the mind, recounting some of the findings that reveal some of our uniqueness as a species.

In our inter-professional section we have an item describing the role of Speech and Language Therapists (SLT) in Aotearoa written by Auckland based Philippa Friary, Liz Fairgray, Selena Donaldson and Suzanne Purdy. They present some casework which shows how SLT can intersect with psychology and improve the lives of those who suffer for example, birth defects, stroke, dementia or traumatic brain injury. Did you know in fact that New Zealanders have a one in four chance of seeing an SLT in their lifetime and that there are over 700 in this country?

This brings me to the student section of this edition and once again there is an array of stimulating reads. What has impressed me every time I read this section is how the students' contributions reflect the diversity of experience people have whilst engaging in psychology as a career. More than that, these authors often speak to the new challenges we are facing in psychology education and work and help keep the profession informed, challenged and relevant. These fresh eyes on our profession are invaluable. I would like to take this opportunity too to thank Ariana and Anna for bringing these articles together.

Finally, I am also saying farewell to the role of co-editor of *Psychology Aotearoa*. I have enjoyed the role and it has given me a new appreciation of the uniqueness, talent and commitment of psychologists. The sourcing and editing of articles has given me insight into what is behind the words. Behind the articles lie years of study and experience. A keynote speech can represent the aspirations of a lifetimes work, a research article brings to life years of study and effort; an opinion piece is the result of much critical thinking. I celebrate the psychologists who have contributed to this journal and encourage all of you to consider putting your thoughts on paper too; we are indeed a diverse and fascinating profession!

Kia kaha,
Hei konā mai,
Fiona Howard

NZPsS News

NZPsS 50th AGM was held on 1 September 2017 with thirty eight members attending. Kaihautū Angus McFarlane opened the meeting with a karakia.

Minutes and Reports

The 2016 minutes were accepted with an amendment.

President Quentin Abraham spoke to his report. Issues he noted from the past year included the importance of building international relations and enhancing relationships with our MOU partners, the NZPsS 50th Jubilee next year and the importance of supporting the He Paiaka group of Māori psychologists. Quentin thanked everyone for their contribution to the Society in 2017 noting the hard work of Branch and Institutes Chairs and their committees.

It was noted that the NZPsS is in good financial shape and the Executive was mindful of the need to retain reserves to cover expenses as well as ensuring that some of the reserves were spent on benefits and services for our members.

Election of Officers

There were no officer positions vacant.

Remits

There were several remits related to new member categories. These were aimed at broadening the membership base of the Society. There was an agreement to change the Rules to include International Affiliate and a Psychology Teacher Affiliate membership categories. There was also discussion on how the NZPsS can retain the valuable skills and knowledge of senior members of the Society who may be lessening their workload or retiring, based on remits from the Otago Southland Branch and the NZPsS Executive. It was agreed to establish a membership category aimed at encouraging and supporting senior members to remain with the NZPsS.

There were also two remits put forward by the Otago Southland branch regarding undergraduate psychology student membership of the NZPsS. The implications of these remits will be further researched by the NZPsS and put to the vote of the membership in due course.

What's it going to take for women to start leading in our high the present?

Dr Helen Buckland-Wright, Dr Kirsty Agar-Jacomb, Megan Anderson

Kirsty Agar-Jacomb (*left*) is the Principal Psychologist for Adult Mental Health WDHB. She has an interest in the psychology of psychosis with experience in early psychosis intervention, inpatient psychology, training, and is on the ISPS-NZ Executive. She is also interested in the applicability to clinical psychological knowledge and practices to workplace and organisational contexts particularly in developing leadership capabilities and understanding the role of gender in leadership.

Helen Buckland-Wright (*middle*) has a background in neuroscience and after training as a clinical psychologist spent 10 years in DHBs working with adults, children and families. She also specialised in neuropsychology and worked with the National Epilepsy and Deep Brain Stimulation Surgical Teams. Helen has her own private practice in Auckland.

Megan Anderson (*right*) is Principal Psychologist for the child youth and family portfolio of mental health teams at Waitemata District Health Board. She has ten years experience in CAMHS, trauma- focused mental health services, infant mental health and COPMIA services. She holds interests in service development, policy and clinical innovation.

Abstract: *Psychology is a profession that is 80% female, but we are paid less and do not reach the same level of seniority and influence as our male counterparts. This is a common finding across many professions. We argue that whilst there may no longer be a patriarchy in the traditional sense, gender discrimination has been a bedrock of social interaction between men and women for the past 3000 years, and it continues to govern our interactions with one another, and consequently maintains the status quo. We present a brief overview of a pathway towards recognizing these interactional styles, and suggest alternative behaviours for men and women based on the pursuit of gender equality.*

The gender gap in psychology

Over the past few years there has been a growing conversation amongst female psychologists that in a profession that is almost 80% female, women are less visible at the top echelons of the profession than men. Having recently attended the 2017 NZCCP conference, it was notable that the majority of keynote speakers and presenters were male. In addition, a quick review of the past presidents of both the NZCCP and NZPsS revealed that men predominantly hold this position. Further, women are less likely to apply for merit step on the APEX MECA contract than their male counterparts. This is not a finding unique to New Zealand. A recent report by the American Psychological Association (APA) identified that as women have moved into the profession, the pay and prestige has decreased. In addition, female psychologists are less likely to achieve the same level of seniority and influence as their male counterparts (APA, 2017). This phenomenon is not unique to psychology. The Ministry for Women, NZ (2017) identified that across the board women continue to be paid less than men, and although women are better educated and more qualified, they will not reach the same heights in their careers as their male counterparts. Research by Motu Economic and Public Policy Research NZ, reported that there was a 16% pay gap for women aged 25-39, a 21% gap for those aged 40-54, and a 49% gap for older women. (Sin, Stilllman & Fabling, 2017). The gap is due to the unconscious bias against women, and on-going sexism in the workplace (Ministry for Women NZ, 2017), not because we work in different professions or have different educations. It seems as women gain seniority in their career, they face an exponential increase in gender-based barriers, which significantly impact their financial prosperity. This echoes research carried out by Williams & Dempsey, (2014) that gender begins to significantly impact a woman's career, only once they reach mid-career.

Why are women still experiencing a gender gap?

These findings are timely as we ask ourselves why are female psychologists, who are amongst some of the most highly educated women in New Zealand, not visibly leading, and

density-female profession, when the past continues to shape

occupying the air time in a profession which is considered female friendly and where we are in the majority? The narrative that there is an active patriarchy hell bent on oppressing women in the traditional sense doesn't hold as much weight as it used to. Second wave feminism in the 1970s did a great deal to deconstruct that, giving women a stronger voice, establishing a legal framework prohibiting discrimination, and getting women into the work place. In addition, we are conscious of the increasing numbers of men who believe they are in just as much of a crisis as women with regards to gender roles (Webb, 2017; Perry, 2017; Hemmings, 2017). Many men, including male psychologists, are aware of the level of toxicity associated with traditional models of masculinity, and how utterly damaging it has been for themselves, and their loved ones, and have made them just as miserable as women they live alongside (Perry, 2017). We also believe many men are feminists, in that they believe in gender equality, but do not identify themselves as such due to the negative historical narrative associated with that word. However, in spite of all this, when we go to work each day, men and women find themselves in a situation in which discriminating on the basis of gender has been the bedrock of our social interaction with one another for the last 3000 years. We now have a 40-year old legal framework that attempts to tackle this, but it is not fit for purpose as women continue to be paid less and are not achieving as well as men. Changes in the law may deal to some of the gross abuses of the power to discriminate against and harm women, but the law does not deal with the more subtle ways in which the status quo is maintained.

The status quo is largely maintained by the way we interact with one another. When one group has power and privilege over another, there are a set of thoughts, schemas and behaviors that accompany being in power. As are there for the people who do not have the power. Each and every person born into a society with a power imbalance will be socialized to behave and think in a way that maintains the status quo. Further, their day-to-day interactions will continually reinstate the status quo. This occurs to some level unconsciously as we repeat what has always been, as there has been a historical mandating of such behavior. The socialization of males and females into their relative positions of power starts early on. For example, male children are chosen to speak in class more frequently than female children. Subsequently a male's voice, thoughts, concerns and ideas are heard more frequently than a female child's (Kleinfeld, 2017). This is done in most cases by the teacher in an unconscious way, as this is merely a reflection of what has always been. However, this establishes and reinforces the parameters whereby a female's voice is of less importance than male's. This early socialization means that as adults, we find women are less likely to speak up in meetings than men, and when they do, are more likely to be interrupted or talked over by men. In addition, women will frequently monitor and modulate how much they have spoken in order to ensure they do not "speak too much" or "take-over the conversation" (Tannen, 1994). This not only robs them of the opportunity to be heard in the moment, but also reduces their chances of being heard in the long term. Thus, the interactional styles that hold women in a less powerful position, are subtlety reinstated again and again and again by both men and women.

We are not assigning blame to men or women in highlighting the disempowering nature of our social interactions with one another. However, we are now in a situation where what has been is no longer acceptable, and the responsibility to change lies with all of us. We have made the obvious changes at a legal level, but we have yet to reformulate, or even properly acknowledge the complex web of social interactions that maintains the status quo and keeps women in their place. In order to achieve gender equality in the work place unpicking this must be our next goal. We need to closely observe our assumptions, values, behavior and thoughts in real time and catch the moments when we engage in behaviors in which we reinforce gender inequity. Both men and women have a role to play in this. Simon MacKenzie, CEO of energy-based company Vector states that unconscious bias is the biggest challenge for their company and is mandatory for all managers to undertake training so they are aware of their own unconscious bias. Similar trends are seen in other companies internationally across the corporate sector. Psychology must keep up.

How do we start to challenge the gender gap?

So how do women start to challenge the subtle ways in which status quo is maintained? The place to start is to begin to notice what is happening around you. The next time you go to a meeting who talks the most? What roles do men and women play within the teams in which you work? Who holds the power? Not just the power bestowed by a particular job title, but who has the social power?

How often do you see men talking, and women recording the minutes? Do you ever see a man volunteering to write the minutes? Growing up what did you see at home in terms of gender roles, and how is this playing out for you in your own life? The point of this is to raise your awareness, and take stock of how gender roles are influencing behavior. We also recommend that you find a couple of like-minded female friends, whom you can talk with, deconstruct, examine, and question your day-to-day social experience and reality with regards to gender. You may find that the pressure to behave in certain ways associated with your gender is just as strong within your own mind as they are within the social forces around you. It is important to unpick the reality that has been created for you through the process of your own socialisation. Some themes may emerge that are reflective of the subtle ways in which the status quo is maintained. One of the most striking themes to arise is the number of double binds that continue to affect women's working lives. For example, working outside of the home in paid work has higher social value than working within the home in unpaid caring work e.g. for children or elderly relatives. However, if a woman works outside of the home and gains social value, she can only work a certain amount of time outside of the home before she is perceived as being neglectful of someone at home. Women working full time outside of the home often have to deal with the perception that they cannot love their children as much as stay-at-home mothers, and are seen as having less moral value. However, work carried out by the stay-at-home mother does not have the social status of working outside of the home (Williams & Dempsey 2014).

Another example of a double bind is that for women to succeed professionally they must engage in behaviors that are stereotypically masculine, such as being visible, assertive, highlighting their competence and intelligence and actively pursuing career goals associated with seniority and authority. However, women who engage in these behaviors are perceived as less warm and feminine and consequently as less likeable. This is sometimes called the bitch-bimbo double bind (Williams & Dempsey, 2014). If a woman gains a position of leadership or authority, she will often find it necessary to be especially nice, assuring others that they're not cold, nor throwing their weight around. She will also be more likely to use indirect communication styles e.g. "how about we", or "do you think you could" as if having to pre-emptively manage others' perceptions of her and mitigate the risk of conflict. If she doesn't use this communication style, she will often be called (or at least thought of as) a "bitch". The double binds created by narratives about what it is to be female can often be paralysing for women, and challenging them can cause anxiety. These double binds can be especially shocking if you were born after the 1970s and were brought up on the mantra that "girls can do anything" and fully expected the work place to be sexism free.

It might also be prudent to have a good think about power. In our recent workshops at the NZCCP and NZPsS 2017 conferences it emerged from the women who attended that they often felt uncomfortable with being in a position of power or the idea of being powerful. Not only was it not quite acceptable for a woman to be powerful, but given the kinds of personal stories we hear all day power has, in the minds of some female psychologists, become synonymous with abuse. Let's be clear, power associated with leadership or dominion is different from the power of domination or abuse. If as female psychologists we don't get comfortable with power, how can we possibly stand within the authority and expertise associated with our advanced education and profession? Take care to look beyond Karpman's Triangle of abuser, victim or rescuer. Consider how you are powerful, whether being powerful makes you feel anxious, and how you may relinquish components of your own power to others because you fear it, or the backlash of exercising it.

We also believe many men are feminists, in that they believe in gender equality, but do not identify themselves as such due to the negative historical narrative associated with that word.

Once you have developed a good understanding of how social forces around your gender are shaping the way in which you function, we encourage you to begin behaving in different ways. This is likely to require a period of learning what to do, upskilling, and behavioural experiments as you begin to take advantage of the opportunities now available. There is also a significant literature to familarise yourself with from the corporate world which identifies the ways in which you can alter your behaviour, Lean In by Sheryl Sandberg (2013) is a good place to start. In preparation for our recent workshops we identified over 400 action points for women in how they could alter their behaviour to manage and mitigate the impact of gender discrimination. Only a few will be presented below. In addition, it will be especially important to learn how to manage the anxiety that is associated with behaving in ways

that challenge the status quo. This can feel lonely and your female colleagues and friends will be essential in helping you manage this.

One of the first changes many women can make is to change where and how they sit in meetings. Sandberg, (2013) encourages women to sit at the table, or in a central position and to physically take up more space, essentially claiming part of the table or more powerful central space. This raises your presence in the room and you are more visible, so it will be harder to ignore you when you speak.

Consider the processes around speaking in a meeting. If you are interrupted instead of stopping, you can say "I haven't finished talking" or carry on talking until the other person stops, or when they have stopped, say loudly "As I was saying" and continue speaking. A behaviour to try to refrain from is modulating or reducing how much you speak in public settings like meetings. Frequently women chastise themselves if they feel they have 'spoken to much', and will then down-regulate how much they speak at a later time in order to compensate. This is driven by a fear of being seen as "domineering". Whilst no one likes a bore, we think there is little danger at this point in time that women are going to be regarded as having spoken "too much". Take a risk, ignore the anxiety, and speak up as often as you have a thought. Just see what happens when you do this.

In addition to watching what you say, watch how you say it. Women tend to use quite non-threatening preambles before expressing an opinion. This is further reinforced by our training as psychologists and we become very apt at using preambles such as "I am curious as to why" and "I wonder" and "Is it possible", "I have just had a thought", "I'm not sure, but". This is great, for the therapy room. Preambles like this significantly soften the message being delivered which is why it works in therapy. However, although women frequently use this strategy within the workplace because they risk being disliked if they don't, it can be problematic, as it serves to undermine their message and appearance of competence. Competence is judged in part through perceived confidence (Tannen, 1994). If the message is not delivered clearly with authority, then the credibility of the message is reduced. The next time you speak to another professional consider your communication style. Are you using preambles? How is this impacting your message? How do medical doctors speak? Do they use preambles? Consider saying "I think" or framing your message as though it were a simple fact.

Tannen (1994) discovered that in western styles of communication, men tend to be competitive and avoid putting themselves in a one-down position. Women's communication style differs. They are trained to stand back, be humble, and not look too sure of themselves lest they are called bossy.

We have made the obvious changes at a legal level, but we have yet to reformulate, or even properly acknowledge the complex web of social interactions that maintains the status quo and keeps women in their place.

Women will put themselves down in order to make the other person comfortable. However, in return, and in order to equalise the relationship women tend to expect the other person to say something nice to mitigate the put down, or for the other person to put themselves down as well. The ritual depends on mutuality. Neither style is problematic until you combine them between adult men and women in the workplace. In this situation a woman will try hard to keep everyone equal, works hard to save face for the other person, and self-deprecates. However, a male who has been trained from an early age to take advantage of the one-up position that has conveniently presented itself, will be extremely unlikely to redress the balance. Therefore, the male is likely to come off as more powerful and with an advantage. So, pay attention to whether and when you self-deprecate in conversation and whether this inadvertently undermines your power.

Some suggestions for our male colleagues

For any men still reading this article, please, consider whether you are doing all you can to engage in gender equality, it's not just women who are negatively affected by the patriarchy, you are too. You are dying by your own hand, in greater numbers than women, particularly young men. Your emotional needs frequently go unmet and perhaps the burden of having to provide for your family could be shared. If men do decide to engage we know that with each step they take, their own lives, and the lives of their partners, sisters, brothers, mothers, fathers, friends, and daughters and sons will be infinitely better. We can't speak for men as to how to manage deconstructing their own gender roles but we do have some suggestions as to how you could help the women around you. It won't take much to make a difference, just make space for your female colleges physically. Give women space to speak in meetings, and if they aren't talking then ask for their opinion. If you see a woman being interrupted, make sure she gets the opportunity to make her point. Consider whether you are giving women overly long explanations of things they already know about. If you see a woman doing well, encourage and support her. Please consider checking the behavior of your male colleagues if you hear them making

gender based comments that objectify women or put them down. Finally, and probably most importantly, if a woman you work with, like, or love cares about gender equality, then please try to make sure your eyes don't glaze over or that you get too defensive, or take the piss. It's been a tough 3000 years, we would just like to experience the same level of respect and pay you enjoy, and contrary to popular opinion the job's not yet done.

How often do you see men talking, and women recording the minutes? Do you ever see a man volunteering to write the minutes?

Conclusions

Whilst these shifts in behaviour seem small, they are actually radical. We know how difficult it is to change behaviour, but when change occurs it has a profound effect on a person and the system in which they live. These small shifts are manageable and build up over time to create a different social reality for both men and women. If the 80% of female psychologists challenge the gender roles that continued to define them, what would be the impact on the wider system? Would we be in a situation where we are having a crisis as to our ongoing role in healthcare? Would the skills and techniques of our profession be so misunderstood, undervalued and misappropriated by other professionals? Would our discipline be so invisible in the wider sphere and, what would be the impact on our clients? Would we be better able to define and speak to the distress of women and identify the roles of grinding poverty, lack of adequate and affordable child care, and the ongoing physical and sexual violence embedded in our culture. Would we be able to offer our young men an alternative model of masculinity where their emotional needs would be honoured and nurtured? What would happen if psychologists, having mastered the impact of gender in their own lives, began to acknowledge their role in treating a distressed society? Great things, we think.

Conflicts of Interest

There are no conflicts of interest that we are aware of.

References

American Psychological Association (2017) retrieved from http://www.apa.org/about/division/div35.aspx

Dickinson, M. (2016, June 22). Improving Your Confidence. Retrieved from http://women.govt.nz/leadership/improving-your-confidence

Eccles, J.S., & Wigfield, A. (2002) Motivational beliefs, values, and goals. *Annual Review Psychology (53)* 109-32

Hemming, C. (2017) *Be a Man*. Bite Back Publishing, London.

Kleinfeld, J. (2017) retrieved from http://www.judithkleinfeld.com/ar_studentperformance.html

Ministry for Women NZ (2017). Empirical evidence of the gender pay gap in New Zealand. Retrieved from http://women.govt.nz/work-skills/income/gender-pay-gap/research

Perry, G. (2017) *The Decent of Man*, Penguin, London.

Sandberg, S. (2013). *Lean In: Women, Work and the Will to Lead*. Alfred A. Knopf, New York.

Sin, I., Stillman, S. & Fabling, R. (2017) *What Drives the Gender Wage Gap? Examining the Roles of Sorting, Productivity Differences, and Discrimination*. Motu Working Paper 17-15; August 2017. Motu Economic and Public Policy Research, New Zealand.

Webb, R. (2017). How Not to be a Boy. Cannogate Books, London

Tannen, D. 1994. *Talking from 9 to 5: Women and Men at Work*. Harper Collins.

Williams, J. & Dempsey, R. (2014). *What Works for Women at Work: Four Patterns Working Women Need to Know*. New York University Press, New York.

An accidental advocate

Dr Kim McGregor

Dr Kim McGregor, QSO, has worked as a therapist with survivors of sexual abuse for 30 years. She is the author of *Warriors of Truth* a self-help book for adult survivors of child sexual abuse (1994); the up-dated version *Surviving and Moving On* (2008); the first set of ACC national therapy guidelines *Therapy Guidelines: Adult Survivors of Child Sexual Abuse* (2001). She has published several papers including in the *Journal of Child Sexual Abuse*, and *Journal of Trauma and Dissociation*. She is the co-author of the book *Powergames* (published in NZ & UK 2001). Kim currently runs her own research and therapy company Tiaki Consultants alongside her partner Russell Smith. She also has a part time role as the Chief Victims Advisor to Government.

The day I was appointed as the inaugural 'Chief Victims Advisor to Government' in November 2015, the *Dominion Post* ran an article from an exclusive interview with me a few days earlier. I saw the written article for the first time on the day of my appointment. The article began: "From an abused 11-year-old to one of New Zealand's loudest voices .....". The opening sentence shocked me. I had never drawn the link between being sexually abused by my stepfather at age 11, and my recent Cabinet approved role advising the Minister of Justice directly about victims' issues. The sentence led me to reflect on my journey to this point.

I had never planned to be an advocate. As I see it, I developed into this role out of necessity after I started working in October 1986 at a support agency for those who had experienced sexual violence. At the agency we provided 24/7 support for forensic examinations as well as counselling support for child and adult survivors of sexual violence. With little government funding, the physical and financial conditions we worked under were appalling. The agency only ever managed to build-up two weeks of wages in the bank, so we were always on the edge of closure.

We worked in two tiny rooms at the back of an old church. A different service at the front of the church supported men struggling with alcoholism. Our clients who had experienced sexual violence would sometimes have to step over drunk men sleeping in the doorway to get to our counselling rooms. As counsellors working with sexual violence, we were often seen as 'radicals', and were frequently referred to as "hairy-legged, jack booted, men-hating, dyke, feminists". Some of us received threats to our personal safety.

At the end of one year, our viability as an agency got much worse when we received a letter from government saying that our entire funding was to be cut within a month. This meant that we would have to close the agency shortly after Christmas. Despite knowing that Parliament had closed for the summer, my first thought was to appeal to government and request they change their decision. On approval from the agency manager, I called Parliament and after explaining the situation, was relieved to eventually find a woman Minister willing to intervene on our behalf to try to avert our imminent closure. In a very short time, the Minister had worked with various officials and had found a creative way to grant us interim funding until a longer-term solution could be found.

Based on the success of this first intervention, looking back I think I have probably, mostly, used this same strategy for the next 30 years. Each time I came across a service or funding gap, or a system failure, I did my best to find the decision makers within government to highlight the problem to, and request their help to find a solution. Some gaps and systemic problems have been hugely challenging to solve however, and have taken a sustained team effort a great deal of time to address. Sourcing ongoing government funding for the whole sector working with sexual violence for example, took many of us, advocating relentlessly over more than a decade, before we achieved our goal.

Making all such challenges even more difficult is that advocacy within an NGO sector is, in my experience, often 'extra work', on top of 'business as usual'. This means advocacy is mostly fueled by passionate people and often at great personal cost.

I would really hesitate to call my work to date, a 'career', because none of it

was planned. I wouldn't even say I set goals. My view is, I just work on the problems I encounter, in the best way I can. As a child and young person for example, I just concentrated on surviving poverty and abuse. After that, my drive has always been to give back by helping to fight alongside or for those who are treated unfairly.

I had never planned to be an advocate. As I see it, I developed into this role out of necessity…

The second time I can remember stepping into an advocacy role, occurred very soon after the fight to keep the sexual assault support agency open. This time I found myself supporting the mother of four very young daughters who had been sexually abused. These girls were each brutally cross examined through our adversarial system and the girls and their whole family were severely traumatised by the entire process. I supported the mother of these girls to organize her goal of having a march through Auckland's Queen Street. The protest I helped her to organize ended up being quite big, and included people with banners and loud hailers, all calling for better protections for children in court - such as CCTV cameras so that children didn't need to feel intimidated facing the accused in court. As an example of just how much effort is sometimes needed to improve systems, there is still work to be done to fully implement the best protections for child witnesses 30 years later.

Over the next two decades colleagues contacted me regularly when they encountered systemic gaps and failures such as when there were difficulties with ACC. I always did what I could, to advocate either for them, or, alongside them.

One of the bigger challenges I encountered became apparent in 2004. My colleagues and I became very concerned when we noticed, what appeared to be, two or three specialist sexual violence support agencies closing around the country over a year. I and two other colleagues started making representations to government about this situation. We didn't seem to be getting any traction with this strategy, so in 2005 we called a meeting and began to build a national organisation that became the bicultural umbrella body to speak to government about the problem of providing services to deal with sexual violence. Most of our 30-40 agencies were independent, so, until the umbrella bicultural body was established, there were multiple voices speaking to government rather than a joined-up voice. Soon after it was established, the umbrella bicultural body then started campaigning to get the first ever Taskforce for Action on Sexual Violence established.

Finally, in February 2013 we got the first ever Minister for Sexual Violence services

Once we had gained the Taskforce, four of us, two from each caucus, sat as representatives on that Taskforce from 2007-2009. By the end of 2009, with many of our colleagues, we had worked on 20 joint, government and NGO, working groups in the Taskforce. Our final Taskforce report was described by the then Minister of Justice as 'the best road map' given to any government to deal with sexual violence. Our problem, as a sector, then was that we had handed our recommendations to a new government, at the start of the global financial crisis! Government said it had no money to fulfil the recommendations. We then had to begin work with new Ministers to help them understand what the problems were, and ask them to help us solve those problems.

We had few successes over the next four years from 2009-2012. The problem seemed to be that not one Minister was responsible for sexual violence issues, as, for example, the Minister of Social Development was for family violence. To create the leadership needed within government, as the Chair of the Tauiwi Caucus of the umbrella body, I, had been relentlessly and directly asking the Minister of Social Development take up the role of Minister for Sexual Violence issues over those years. Finally, in February 2013 we got the first ever Minister for Sexual Violence services. Soon after the role was announced I met with the Minister and thanked her for stepping into this new role. Her response surprised me. She said, "Well Kim, it was either that, (becoming the Minister for Sexual Violence services), or I would have to avoid you for the rest of my life!" I thought to myself: "Who knew that relentless requests would actually work!!?". After gaining the leadership we needed, in April 2014 the government announced an investment of $10.4 million into sexual violence services to stabilise the sector, and then, in May 2016, the government announced a further $46 million over four years to better support victims and prevent sexual violence.

While these may seem to be good outcomes, as can be appreciated, gaining them required a huge amount of sustained sector advocacy 'on top of' business as usual for all the NGO agency leaders in the sector who were, at the same time, struggling to meet client demand, as well as retain their specialist staff, on scarce funding.

Looking back, I have many learnings from the last thirty years of advocating, alongside my colleagues, to improve systems and services:

- If you step into an advocacy role, you and your colleagues need huge amounts of passion and commitment to sustain your efforts, sometimes over a very long period of time.
- Keep going! Social change is not linear - it is often two steps forward and one step back. Sometimes it's three steps back, so in the darkest moments we need to remind ourselves of the big picture - that social change is often slow and convoluted.
- You need to pace yourselves to be able to last for the long haul. Be prepared for your goals to take longer than you would hope. Plans don't always work in the way you expect them to.
- You may not get everything you want to achieve, so prioritise what you want most, and focus on the top one or two priorities.

Few of us can do our work alone. We need a great team to sustain the huge amount of effort it often takes to create positive social change.

- Timing is everything. If the time is not right, the time is not right. Try again another time.
- Work respectfully with all those you wish to educate about the problem you are trying to solve. The person you seek to influence may not be able to solve your problem now, but a respectful relationship built now, may help you in the future in ways you may never have anticipated.

Since stepping out of the sexual violence intervention sector, even though I had applied for the role as the first Chief Victims Advisor to Government, I was completely shocked to be appointed. I was sure in my mind that government would NEVER choose someone like me - someone who had badgered government for over 30 years for more money to expand NGO services! My colleagues have been kind enough to say that my appointment suggested to them that government was truly serious about improving systems and services for 'victims' – and in fact, this has been my experience.

I have been hugely impressed with the passion and commitment I have encountered in, not only the Minister of Justice (to whom I report), but also most of the government officials I have worked alongside. I feel lucky that I find allies, supporters and friends everywhere I go. Along with the support, I have of course encountered huge systemic challenges as well. I am pleased however that in establishing the office of the Chief Victims Advisor, there is now at least a team with its sole focus on victims' issues.

I would like to end by acknowledging and thanking all the many amazing, passionate, and caring, clients, colleagues, government officials and Ministers I have worked with over the last 31 years. Our allies lie in the most unlikely places. For those of you who are seeking to educate others about systems and services that need to be improved, I would suggest you keep re-telling your message to as many people as possible. If you can inspire and work with others, a team of supporters will grow around you. Few of us can do our work alone. We need a great team to sustain the huge amount of effort it often takes to create positive social change.

I have been blessed by encountering the most wonderful and talented people on my journey so far. I count myself as an incredibly blessed and lucky person.

Nga mihi

Kim

Dr Rose Black responds to questions on poverty

Rose Black is a Pākehā New Zealander of Irish and Scots descent. Her family settled in rural Southland, where she grew up alongside the Oreti River and in view of the Takitimu Mountains. She has lived in the Waikato for the last 23 years. Rose is a registered psychologist with a Post Graduate Diploma in Community Psychology, a member of the National Standing Committee on Bicultural Issues (NSCBI) and the Institute of Community Psychology Aotearoa, and serves as an Associate of the Community Psychology programme at Waikato University. She is Director of Social Issues on the NZPsS Executive and is Team Leader of the Public Health Advisory and Development Team, Population Health, Waikato DHB.

National Office received a request for information from a secondary school student who was doing a research project on poverty. The following are responses to these questions, based on research and reports Dr Anna Casey-Cox and I have written for Poverty Action Waikato (PAW) (povertyactionwaikato.org) over the last six years, and my PhD research on Pākehā Culture.

How do you think poverty affects children in educational terms?

We hear stories from teachers and social workers in schools about families keeping children home from school because they haven't got enough food for school lunches, or they struggle to meet the costs of providing uniforms, and school trips are usually way out of reach. Many schools do try to ensure that all children have access to the uniforms and equipment they need, and find ways to make school trips and sporting opportunities accessible. We heard a story of a family being able to do voluntary work in a school to pay off their uniforms - I thought that was pretty neat.

There are many 'food in schools' initiatives that have developed as a response to kids not having breakfast or lunch. For example, Vinnies in Hamilton does a great job; Waikato's Tribal Huk gang, dubbed the sandwich gang, have been making sandwiches for hungry children, free of charge, for four years, and there is also KidsCan who provide food, raincoats and shoes amongst other items.

People who are trying to manage on low incomes often struggle to pay basic costs like rent, power, transport to get to work, and food is often skimped on when there are bills to pay.

Children's health is often poor and poor health is associated with, poor living conditions (poor quality – cold, damp houses), absences from school.

In the last round of research by Poverty Action Waikato (Casey-Cox & Black, 2016) we heard about families living in cars – previously it was garages. Now it would appear that there are: a) not enough affordable houses; or b) nor garages so people resort to cars to live in. Children are at times shared around the households of extended family members. The lack of a stable home base has a significant impact on school attendance and there are kids who are falling further and further behind.

In the Waikato Times (14 May 2016) there was an article: *Student loses laptop when parent fails to pay* by Luke Kirkeby. That article highlights the difficulty for a parent on a low income to meet the cost of paying for access to a laptop for their child.

Internet access is expensive yet deemed to be an essential tool for education these days.

How do you believe the adulthood of children who have grown up in poverty is effected?

There are now many people in our society who live in intergenerational cycles of poverty. I think that each generation gets poorer and it gets harder to break these cycles – but we cannot stop trying to have a society where every member is looked after and included.

Living on a low income is very hard work – especially if a person never gets to feel like they can break out of it.

Often 'success' is based on how much a person earns and the goods they can purchase that show how wealthy they are. We live at a time and in a world where we are constantly surrounded by advertising and being told to consume goods – to get the latest and the best

of everything. There appears to be an expectation that people on low incomes will be able to resist pervasive and manipulative advertising.

Debt is a very big issue for people on low incomes. There are things like the mobile retail trucks that visit and prey on people in poorer neighbourhoods with goods that are priced considerably higher than in the retail stores. The trucks also offer credit at high interest rates and this is contributing to people getting into debt.

Low educational achievements can mean that it is much harder to get into the workforce and even if people do have jobs they are often paid the minimum wage which is not enough to support a family. We are also seeing a number of entry-level jobs being replaced by machines. It is now possible to pay for petrol at the pump and fast food outlets are also automating their checkouts.

Do you think New Zealanders are aware of the scale of poverty within New Zealand?

I think many New Zealanders are aware that some people live with poverty in various ways. People support many organisations and churches that are trying to offer some support to families and children. For example, they help with providing breakfasts/lunches in schools, or supplying raincoats and shoes, sometimes donating the cost of a school outing, etc.

It is often difficult to get a big picture appreciation of the scale of poverty. My impression is that mostly people seem to think that poverty is a problem that an individual experiences because they fail to manage their affairs adequately – it is called 'blaming the victim' talk. It is quite challenging to examine the values, systems and structures that operate in New Zealand society and across the world that have an impact on the way people live and what we accept about the way people live.

New Zealand was a world leader in having a system of social welfare, and being a society where inequality was low. However, over the last 30 years we have become a much more unequal society.

Inequality is difficult to measure as there are differences between the wealth people have access to and levels of income for employment that people receive. However, it is possible to look at income as a measure and to record the difference between the highest paid members of an organisation or society and the lowest paid members. Generally, the gap is growing – thus the assertion of growing inequality. For example, there have been reports that while the CEOs in some of the large companies in NZ received a 12% pay increase in recent times (approx. $180,000 per person), the average wage earner received about a 3% increase (approx. $900 per person).

Recent figures released by Statistics New Zealand, show that the wealthiest 10 per cent of New Zealanders now hold close to 60 per cent of the wealth. This hold on wealth appears to be increasing. The bottom 40% of households control just 3% of the wealth.

Do you think there are hidden aspects within the issue of poverty in New Zealand that most people don't know about? If so, what are these hidden aspects?

I think one of the most hidden aspects is the 'low pay' economy and the way incomes are distributed in companies (see example above).

Both youth rates and the minimum wage are increasingly difficult to manage to pay for every day basic needs. People who are receiving benefits have to meet a number of conditions set by the state and these conditions are often very hard to meet given the lack of access to resources such as transport, or communication tools (Casey-Cox & Black, 2016). Technologies such as phones and computers are expensive to purchase and maintain. Internet access is often compromised for people on low incomes and this can make communication difficult.

Poverty is about more than income and being poor, it can lead to difficulties for families to stay in touch with each other – in every culture food is a very important aspect of socialising and if people can't provide food for a gathering then they will probably be very reluctant to attend for fear of losing face – they are left feeling stink and to add to that feeling excluded and isolated.

Poor physical and mental health is closely associated with socio-economic status. Processed food is often cheaper than fresh produce and soft drinks are cheaper than milk. We live in a society that does not support people to make healthy choices. There has been a proliferation of liquor and gambling outlets over the past 30 years and these outlets tend to be concentrated in lower socioeconomic (high deprivation) areas. For example, for people living in high deprivation (decile 8-10) areas access to gambling opportunities and in particular pokie machines are significantly higher. There is approximately one pokie machine for every 75 people in high deprivation areas in contrast to one pokie machine for every 465 people in low deprivation areas where there is more wealth (Centre for Social and Health Outcomes Research and Evaluation & Te Ropu Whariki, 2008). In real terms, this means that a child growing up in a highly

deprived socioeconomic area e.g. decile 8-10, will have six times more pokie machines in their community and greater exposure to gambling harm than a child growing up in a less deprived area.

We are a society that relies heavily on individual modes of transport such as cars. Getting a driver's licence, car registration or warrant of fitness all cost money and if people need a car but don't have these and then get fines it compounds their level of debt and inability to function in society. Many jobs require a person to have a driver's licence, even if the job is not primarily a driving job. For example, a person working in an office is expected to have a driver's licence as they may be required to drive somewhere in the course of their working day – or they may not - but having a licence might mean the difference between getting a job and not getting a job.

Many jobs that school leavers used to get are now being filled by people with degrees. There are high rates of youth unemployment and shocking rates of young people who are not in education, employment or training (called NEET). You can get the numbers on the Ministry of Social Development website.

How do you think the issue of poverty in New Zealand could start to be solved?

Nelson Mandela is quoted as saying "*Like slavery and apartheid, poverty is not natural. Poverty is human-made and it can be overcome and eradicated by the actions of human beings*".

Issues of poverty are usually complex and there is no simple answer. Having said that, one initiative that would help to improve the basic household incomes is to pay people a living wage.

As the gap between the rich and the poor grows in New Zealand and poverty increases, more and more New Zealanders don't get paid enough to meet their needs, enjoy their lives and participate in society.

All over the world communities are uniting to address poverty and inequality through living wage campaigns. Living Wage Movement Aotearoa New Zealand brings together community/secular, union and faith-based groups around a common goal of achieving a Living Wage that will enable workers to live with dignity and participate as active citizens in society.

The Movement calls on Government, employers and society as a whole to strive for a Living Wage as a necessary step in reducing inequality and poverty in our society (http://www.livingwage.org.nz/).

The living wage for New Zealand has been researched by the Family Centre Social Policy Research Unit (www.familycentre.org.nz) and is set at $19.80 per hour for 2016 (Waldegrave, 2016). That hourly rate will give a family of 2 adults (1 working full-time and 1 part-time) and 2 children enough to have a moderate living.

The minimum wage is set by Government – (http://employment.govt.nz/er/pay/minimumwage/)

On 1 April 2016, the adult minimum wage went up by 50 cents to $15.25 an hour. The starting-out and training hourly minimum wages rates have also increased from $11.80 to $12.20 per hour from 1 April 2016.

Another initiative that would improve the health, education and opportunity outcomes is for people to have access to affordable, warm, dry housing. We need to both increase and improve the quality of the housing stock in New Zealand. If the Government now took on this project, as the Government in the 1930s did, all New Zealanders would be assured of a better standard of living.

Why is there a larger population of Māori and Pasifika struggling with poverty than other races in New Zealand?

There are a number of debates about why Māori and Pasifika peoples struggle with poverty. Here is my short version:

Māori as the indigenous people have been colonised now since the arrival of Pākehā/European settlers and there is a lot of information available on the impacts of colonisation. In particular both the confiscation of land and the purchase of land (often by devious means) changed Māori from being successful and productive entrepreneurs with considerable wealth (they were growing and exporting crops to Sydney and beyond in the 1840s) to being landless and beaten down by the end of the land wars in the 1880s.

From the very early days of settlement the aim of the settlers was to acquire land to support their lifestyles in the colonies - see records about the NZ Company, for example. By the 1870s Pākehā had become more numerous than Māori due to death from war and disease. Right up until the 1960s the Pākehā story about Māori was that they were a dying race.

Along with the loss of land there were also a significant number of laws and practices that denied Māori any equity in terms of being able to manage their lives with the same privileges that Pākehā organised for themselves. Most banks would not lend Māori money to improve their land use and farming practices and neither did the Government ensure that Māori had access to resources that would enable them to profit and grow.

In education Māori language was

forbidden from being spoken within schools and there are terrible stories about children being beaten if they were heard to be speaking Māori even if that was the only language they knew when they went to school. In 1972, Auckland-based Ngā Tamatoa (The Young Warriors), Victoria University's Te Reo Māori Society, and Te Huinga Rangatahi (the New Zealand Māori Students' Association) petitioned Parliament to promote the language. A Māori language day introduced that year became Māori language week in 1975" (http://www.nzhistory.net.nz/culture/maori-language-week/history-of-the-maori-language).

There is a Government report called the Hunn Report that was published in either 1960 or 1961 that was one of the first reports that examined Māori progress in NZ. If you can, look at that report because the poverty Māori experience now is laid out there. Professor Ranginui Walker (2004) in his book "Ka Whawhai Tonu Matou: Struggle without End" provides a really good analysis of Māori history and their struggles to improve their lives against great odds. Any documents about Treaty settlements tell the stories of oppression and the ways Māori have overcome these experiences.

Māori experiences mirror those of many other indigenous peoples throughout the world.

As for Pacific peoples, their experiences in New Zealand are underpinned by practices of racism and exclusion, similar to Māori, underpinned by the same colonial attitudes of white/European superiority. People in the Pacific Islands are encouraged to migrate to New Zealand with the promise of higher incomes and improved material standards of living. However, often when families arrive here, the opportunities are not what they have been led to believe. Many families struggle to get a stable and secure footing in the economy. There are also challenges associated with moving from a very collective cultural setting to a society where day to day practices are dominated by Pākehā cultural ideas.

These organisations have a number of publications on their websites which will be helpful in further researching answers to some of your questions.
Poverty Action Waikato - http://povertyactionwaikato.org/wordpress/
Child Poverty Action Group - http://www.cpag.org.nz/
The Salvation Army Social Policy and Parliamentary Unit http://www.salvationarmy.org.nz/research-media/social-policy-and-parliamentary-unit
New Zealand Council of Christian Social Services http://nzccss.org.nz/work/poverty/facts-about-poverty/

Centre for Social and Health Outcomes Research and Evaluation & Te Ropu Whariki, (2008). Assessment of the social impacts of gambling in New Zealand: Report to the Ministry of Health. Auckland: Centre for Social and Health Outcomes Research and Evaluation & Te Ropu Whariki. ISBN 1 877428 12 4

Casey Cox, A. & Black, R., (2016). *Neglect and Nurture: Window on Waikato Poverty Report 6*. Hamilton, NZ:Poverty Action Waikato

The 2017 NZPsS Conference treated those present to excellent keynote addresses – we feature articles from Julia Ioane, Devon Polaschek and Michael Corballis

Pasifika and psychology – Are we there yet?

Julia Ioane

Julia Ioane is a first generation NZ born Samoan from the villages of Fasitoouta and Leauvaa, Samoa. As a clinical psychologist, her main practice is conducting assessments and therapy for children in care and protection; and youth justice including Family Court and Youth Court reports. She recently joined the psychology department at AUT including teaching in the violence and trauma, and counselling programmes. Her research experiences mainly include children and youth in forensic settings and is currently looking at long term outcomes of Pacific children and youth with offending behaviour.

Ko tangi te titi, Ko tangi te kaka, Ti hei Mauri Ora

Ko vaea te maunga, Ko polynesian airlines te waka, Ko ngati hamoa te iwi
Ko Tautegaatufanua Kuresa Frost toku mama, Ko Folasaitu Taigalala Ioane toku papa
Ko Anthony Joseph toku tane, Ko Apaula Julia Ioane toku ingoa
Tēnā koutou Tēnā koutou Tēnā koutou kātoa

Ou te fa'atalofa atu i le pa'ia ma le mamalu o le Aofia. Mālo le soifua ma le lagi e mamā

Talofa, Kia orana, Mālo e lelei, Bula vinaka, Fakaloha lahi atu, Taloha ni

Warm Pasifika Greetings

When I was asked to be a keynote for the New Zealand Psychological Society conference for 2017, I immediately felt the eyes of my family, elders and community asking me "ok, you have been given this opportunity – what are you going to do about it?". I wondered, what am I going to share with a room full of people who are unlikely to have the same experiences as me, unlikely to look like me and unlikely to have the same first language as me. However, they were more than likely going to be working with people who look like me, talk like me and have the same experiences as me. I thought about our Pasifika communities here in Aotearoa, and I thought about my experiences as a New Zealand born Samoan, first generation raised in South Auckland with connections to fa'asamoa and as a clinical psychologist. These two worlds that often collide – Pasifika and psychology, are we there yet?

When I became a psychologist, and started doing assessments and therapy with Pasifika clients and families, something did not fit. I worked alongside non-Pasifika colleagues where I knew the level of engagement and acknowledgement; and the relationship between my Pasifika communities was not genuine. It was not something I knew, it was something I could feel. We went into their homes, or they came to our clinics, and we got our information and we left. I began to reflect, we are asking our Pasifika clients and families to step into our world as psychologists, why don't we as psychologists practicing in Aotearoa step into their world. The world of Pasifika people – what does that world look like? What does my world (fa'asamoa) mean to my other world (psychology)? As a Samoan, my view is that before psychologists work with Pasifika, one must first understand Pasifika. I provide this from my worldview as a Samoan drawing on the fa'asamoa.

When I became a psychologist, and started doing assessments and therapy with Pasifika clients and families, something did not fit.

Fa'asamoa

Fa'asinomaga is closely related to identity in the English language. Fa'asinomaga attempts to answer the question of 'who am I'? It cements us as Samoans within the different layers of our relationship to one another, to family, to land,

to village, to community, the seas, the rivers, the cosmos, to our God/Gods, spirits, and ancestors. Therefore, our identity is relational. Our identity cannot be individual and it cannot function in isolation.

Fa'aaloalo can be loosely defined as respect in the English language. However, the meaning of respect among Samoans is a way to live rather than a way to behave. There are ways to talk to your peers, ways to talk to your parents, to the minister and to your elders. Everything is done with fa'aaloalo. We take our shoes off when we enter the home of another, because their home is sacred and wearing shoes can be offensive. We always take something when we visit because it is disrespectful to go empty-handed when someone has invited you over. In return, the family shares with you the best of what they have. That is why suggestions have been made that when you visit the home of a Pasifika family, take something with you. In turn, accept their gift of hospitality they show as a sign of fa'aaloalo towards you. This can conflict with the boundaries and ethics we have in our practice and therefore cultural supervision is needed to discuss this.

Alofa or love is another principle within the Samoan worldview to be shared with the many children, young people and their families that I work with. That sometimes I might have to step out of my boundaries as a psychologist to enable this love to be played out. Sometimes, it might mean challenging the system we work in so that we can provide what is in the best interest of my client and their family.

The principle of loto maualalo or humility can be a challenge for many non-Pasifika professionals practicing in psychology. How can we be humble or show humility to our clients? Why should we show humility towards them when they are the ones that need help? Why do we need to show humility to our students or our Pasifika participants in research? For Samoans, humility creates the pathway to the relationship. Humility is the precursor to respect. If we show humility, we learn respect. If we learn respect, we learn to love; and ultimately, we learn the Samoan worldview. When I opened my keynote today, it was important for me to speak te reo, to acknowledge mana whenua and show my loto maualalo and my fa'aaloalo to the people of the land in Aotearoa. That is the Samoan way.

Within the fa'asamoa, the theoretical concept of Va is what defines how Samoans understand the social, economic, religions and cultural systems that we work within (Mo'a, 2015). It is the relational space among inter-connected entities. The Va is what governs the relationship, it is not something we can see or touch when we work with Pasifika people. The Va is the feeling we experience when we show these principles of fa'asinomaga, fa'aaloalo, alofa, loto maualalo between ourselves and our client, ourselves and our students, ourselves and our research participants. It is expressed throughout our daily interactions with one another through what we do, what we say, what we think, and what we feel. I list only a few definitions of Va, relevant to my presentation.

…I believe that we need to draw on the principles of the Samoan worldview and contextualise our work to that of the worldview of our clients, students and research participants.

Va fealofani – a sacred, sibling love that people show one another (Tuagalu, 2008). The respect and boundaries played out between siblings can be transferred to the relational space between our various relationships with clients, students or research participants.

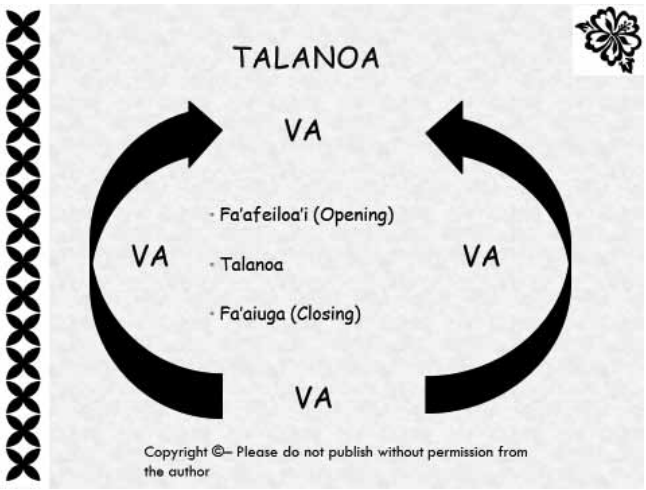
Va feiloa'í – the protocols of meetings (Tuagalu, 2008). The protocols of meetings include how meetings are opened and closed in order to respect the va and maintain cultural protocols and values to ensure genuine engagement.

Following on from this, the question to now ask ourselves is how do we actually incorporate all these principles of the fa'asamoa in our work as psychologists; and as non-Pasifika people? How do I implement the Va in Aotearoa? For me, I believe that we need to draw on the principles of the Samoan worldview and contextualise our work to that of the worldview of our clients, students and research participants.

Va among non-Pasifika professionals

The Samoan sense of self exists in relation to others (Tamasese, Peteru, Waldegrave, & Bush, 2005); therefore, our sense of self as practitioners, academics and researchers can only exist among these communities in terms of our relationship with them. By drawing on the principles of fa'asamoa, the relationship between non-Pasifika psychologists, academics and researchers can be established and maintained using the concept of Va. The best time to do this is at that first meeting, that first engagement with Pasifika clients, their families and community. As an example of this, I provide you with my own adaptation of a clinical interview that I name Talanoa, that attempts to incorporate the fa'asamoa.

Fa'afeiloa'i: Firstly, when you go into their homes, you wait to see and observe by reading the body language of those in the house. If they indicate to you to say something,



say hello (in their native language) and thank them as you smile. Thank them for allowing you to come into their home and putting time aside to meet with you. If they come into your office, wait for everyone to be seated, and then you welcome and thank them. You could share with them your experience of working with Pasifika people and that it is normal in your experience to start with a prayer. After this, you can then ask everyone to share who they are in the room. As they do this, look for connection to your own professional and self and comment on these connections in similarities. You are essentially beginning to share alofa (love) and build your relationship. Once completed you can then ask everyone for their understanding of the visit followed by your explanation. At this point, this is where you can share the brief and purpose of your visit followed by explaining confidentiality. Some of you might see this is going against our usual understanding of interviewing processes as we have shared connections with each other prior to talking about confidentiality. However, the reality is, for Pasifika people it is all about the relationship, our sense of self exists in relation to others that includes land and environment. Pasifika people cannot engage genuinely with us in psychology unless there is a relationship that includes sharing of ourselves. This is our fa'aaloalo (respect) to one another.

Talanoa: As the relationship forms, the opportunity to share the story or the narrative by our client and their family can be achieved. As the story is shared, this provides our opportunity as psychologists to draw key elements of their story that forms our assessment and formulation; and maintain our engagement.

Fa'aiuga: As the story draws to an end, psychologists can begin to summarise and draw on the connections made during the first meeting. You thank them for their time by acknowledging what they have sacrificed to spend time with you. Finally, you apologise. This apology acknowledges your loto maualalo (humility). You apologise in the event that during your interview, you may have inadvertently said or behaved in a certain way that may have breached the Va. When this is done, this also acknowledges to the client and their family that your intention is to leave them safely and with respect. If you started with a prayer, you may close with a prayer to formally end the relationship at this stage.

Throughout this entire process, the Va continues to weave itself conceptually throughout the talanoa. This is done by the words used and by the actions observed throughout the interview, because the Va is what governs the relationship (Mo'a, 2015). This is the essence of working with Pasifika. It is all about the relationship. The relationship is the central aspect of self among Pasifika people. I hope that what I have shared with you has given you some insight, and some understanding that the relationship is not just how we see it within the Western worldview, the relationship must be understood by thinking about the worldview that it comes from. Our ability to relate as Pasifika comes from our identity – that is relational. So, if we think about what I shared today, and that is the importance of the relationship; the principles of the fa'asamoa, the weaving of the Va into that first engagement, I go back to my question.

As a clinician, ask yourself; do I step into the world of Pasifika, or do they constantly step into my world as a clinician?

Pasifika and psychology – are we there yet?

The answer is, I believe, we are getting there; and we can still do more.

As the New Zealand Psychological Society, how much do we prioritise or focus as a national Society to becoming more culturally aware, culturally disciplined in our practice across Aotearoa? As students, given that Pasifika is not fully embedded in our curriculum; learn outside the classroom, go to events, go to churches and observe, experience a world that is predominantly filled with Pasifika communities. As a clinician, ask yourself; do I step into the world of Pasifika, or do they constantly step into my world as a clinician? What does my therapy room look like? What is my hospitality like? As academics, do my lessons include Pasifika perspectives, methodologies, worldview and practice? As a researcher, do I give any thought to draw on Pasifika research methodologies and methods when researching and working with Pasifika

communities?

The Samoan worldview has fundamental principles and values that separates itself from a Western worldview. What is important to note is that for Samoans, our identity is relational. We in psychology must explore more about the Va because this is what epitomises the relationship. This is what makes Samoan people who they are because their identity is relational. They do not exist on their own, they exist in their relationship to others, to land, sea and our environment. Think of the relationships you have with your clients, your students, your research participants; could we do more in our work with Pasifika? The answer is yes. I hope these questions will spark conversations in your own areas of expertise. In closing, I leave you with this commentary from our former Head of State:

"*I am not an individual; I am an integral part of the cosmos. I share a divinity with my ancestors, the land, the seas and the skies. I am not an individual, because I share my tofi (an inheritance) with my family, my village and my nation. I belong to my family and my family belongs to me. I belong to my village and my village belongs to me. I belong to my nation and my nation belongs to me. This is the essence of my belonging*"
Tui atua Tupua Tamasese Efi, 2009

Ia toe fa'atutumu e le Atua mea ua gaogao ona o le tou fa'atasi mai i lenei taeao. Ou te fa'amalie atu fo'i pe afai ua iai se upu po'o se amio ua lē tala feagai ma le tatou mafutaga.

Ia Ieova lo tatou Va. Fa'afetai, fa'afetai lava.

References

Mo'a, V. (2015, July). *Fa'sinomaga (Identity) and Va (Relational Space)*. Paper presented at the 2015 Australian Association of Bioethics and Health Law Conference, Wellington, New Zealand.

Tamasese, K., Peteru, C., Waldegrave, C., & Bush, A. (2005). O le taeao afua, the new morning: a qualitative investigation into Samoan perspectives on mental health and culturally appropriate services. *Australian and New Zealand Journal of Psychiatry, 39*, 300-309.

Tuagalu, I. U. (2008). Heuristics of the Vā. *Alternative: An International Journal of Indigenous Peoples, 4*(1), 107-126.

Tui Atua Tupua Tamasese Ta'isi Efi, Head of State of the Independent State of Samoa: Speech at the New Zealand Families Commission Pasifika Families' Fono, Telstra Clear Pasifika Events Centre, Manukau City, 3/11/2009.

Twenty-five years into the correctional rehabilitation revolution: Keeping the science and art of psychology relevant

Devon Polaschek

Devon Polaschek is a clinical psychologist and professor of psychology in the School of Psychology and the New Zealand Institute of Security and Crime Science, at Te Whare Wananga ō Waikato (The University of Waikato). Her current research interests include theory, intervention, and intervention evaluation with serious violent and sexual offenders, family violence, psychopathy, desistance, reintegration and parole. She is the author of more than 110 journal articles, book chapters and government reports, and a fellow of the Association for Psychological Science.

For a psychologist, practicing in corrections has several distinctive factors, especially compared to working in the public health sector, where my career started. First, psychology is relevant throughout the correctional system, since by definition, Corrections is about correcting people's behaviour with the ultimate ambition of changing it. That means the effectiveness of many different employment roles across the system can be improved by the application of psychological theory and research (e.g., management of behavioural problems in prisoners, improving compliance with community sentences, motivating people to undertake interventions). By contrast, it is easier to take a psychological approach because there is very limited role for medical models. Second, many of the roles do not require a particular training background; needed training is provided after employment, and typically either in brief courses, or "on the job". That means that we are often working with a relatively "lay" workforce. Third, again very different from public health, there has been, for more than a quarter-century, a prescribed framework for effective interventions right across the system: a "one true way", as it were. Yet there are a number of challenges looming in Corrections for psychologists and psychology that are echoed in other work forces (e.g., health),

and across other countries. This address considers this issues from a Corrections' perspective, before bringing in this wider context.

One of the downsides of the relevance of psychology to corrections is that it can be difficult to decide who is responsible for implementing psychology in the system, and how. New Zealand has had a correctional psychology workforce since the 1950s. A key event in its history was the review conducted in 1985 by Grahame Simpson and Paul Gendreau, which recommended reining in the future service, by adopting an identity based on "contemporary clinical psychology", rather the continuing to be more broadly entangled in human resource management, employee assistance, crisis management, experimental psychology and so on: and to make better connections to universities. The following decade was a period of unprecedented innovation and impact for psychologists and psychology. Landmarks included the opening of the first two residential group treatment units providing offence-focused cognitive-behavioural treatment for community-based violent offenders (Montgomery House, 1987) and imprisoned child-sex offenders (Kia Marama, 1989). Both units are still running, and were followed by empirical evaluations of individual psychological treatment, and the development of the computer algorithm that is used to estimate the risk of reimprisonment for each offender based on age and criminal history variables. This tool, known as the RoC*RoI (Bakker, Riley, & O'Malley, 1999) informs key decisions throughout the system (e.g., level of prison security, eligibility for psychological treatment, parole release, level of community supervision oversight, applications for Public Protection Orders).

At about the same time, a revolution was underway in correctional psychology itself, led by a small group of Canadian academics and practitioners—including Paul Gendreau—who began to conduct rigorous reviews and meta-analyses of programme evaluations (Andrews, Zinger, et al., 1990; Gendreau & Ross, 1979), and the first of many publications about the Risk-Need-Responsivity (RNR) model (Andrews, Bonta, & Hoge, 1990). And over 25 years, this body of empirical evidence has grown steadily, and the RNR model has become the guiding framework for correctional systems that want to reduce rates of recidivism, and the cost of corrections.

… psychology is relevant throughout the correctional system, since by definition, Corrections is about correcting people's behaviour with the ultimate ambition of changing it

So, what is the RNR model? At its most basic, it is the codification into a series of principles, empirical findings extracted from multiple studies of correctional interventions. Intervention studies are coded for the presence or absence of a diverse range of variables that are then correlated with recidivism. The mean size of those correlations (i.e., the effect size) determines how important that characteristic is in predicting recidivism. The latest version of the model (Bonta & Andrews, 2016) has 15 principles, grouped into 3 categories: overarching (e.g., programmes are more likely to be effective if they are guided by a psychological theory); core principles and key clinical issues (see below), and lastly, organisational (e.g., more effective programmes are community based, and have a supportive management context). Three of the 15, the Risk, Need and Responsivity principles—grouped under core principles and clinical issues—are the best known, and state that programmes are more likely to reduce recidivism if they (a) work with higher risk rather than low risk offenders, providing them with relatively intensive interventions (the risk principle); (b) focus intervention goals on reducing the strength of changeable characteristics that are themselves predictive of recidivism; these characteristics are called criminogenic needs. The most influential are antisocial personality (e.g., impulsivity, irritability), antisocial cognition, and association with antisocial peers (the need principle); (c) encourage change by the use of cognitive social learning and behavioural strategies (e.g., skills training, cognitive restructuring; the general responsivity principle); and (d) are designed to enhance participants' engagement in the programme, and in the targeted behavioural change: the specific responsivity principle. For example, participants may have low levels of literacy, may speak English as a second language, and may engage better with a programme that uses examples that are culturally relevant. Participants who enter programmes under coercion may need initial approaches that start by acknowledging their resistance to engaging (Bonta & Andrews, 2016).

Another important principle of the RNR model is the use of core correctional staff practices. Programme effect sizes are larger when staff form a positive relationship with participants, characterised by interpersonal warmth, a collaborative approach, humour, fairness, respect and liking, and when they structure their interactions to include skill learning, with prosocial modelling, effective use of authority—including frequent use of approval and other forms of reinforcement for prosocial behaviour, and occasional use

of disapproval for antisocial behaviour—and advocate for and provide brokerage to other services and resources on an individualised basis (Bonta & Andrews, 2016).

Finally, more effective programmes share characteristics that are markers of the quality and integrity of intervention or service implementation. These markers include: having staff who were selected for their relationship skills, provision of staff training, clinical supervision of staff, printed or otherwise documented manuals, procedures for monitoring the intervention process, and a specific model that the programme follows (Bonta & Andrews, 2016).

… in New Zealand we have spent years showing that some programmes can reduce recidivism but are really no closer to knowing why

For psychologists who work outside of Corrections, probably none of these findings is too surprising, but correctional interventions are especially prone to quackery from, at one end, a humanist perspective and at the other an obsession with the value of harming offenders (Latessa, Cullen, & Gendreau, 2002). The model is intended for use as a kind of framework against which interventions and services can be assessed. For correctional systems, often managing thousands of offenders, it is very useful to be able to identify whether an existing or new intervention is likely to reduce recidivism, and if not, what could be done to change that.

For instance, prior to the recent election the National-led government suggested it would provide military-based boot camps for the most severe young offenders. In a Radio New Zealand interview, the prime minister was challenged about the empirical evidence base showing that boot camps are ineffective in reducing recidivism (Wilson, MacKenzie, & Mitchell, 2005). He replied that "it has never been tried before with these kids in New Zealand" (English, 2017, August 14). This of course, is an interesting comment because one of the major contributions of previous research is to establish whether there is a pattern of results that can be used to predict the future. But behind the media interviews is another interesting story. Boot camps are based on deterrence theory. The details of the proposed policy show that in addition to classic boot camp elements, components are included that are based on more rehabilitative and reintegration support approaches (e.g., access to specialised alcohol and drug treatment services, educational skills, and Whānau Ora navigators simultaneously working with the offender's family/whanau to support successful reintegration ("Youth Justice Policy", 2017). So, it would seem that the then government was actually engaging in "tough talk", but followed by an evidence-based "walk", at least to a limited extent.

The widespread recognition of the potential of the RNR model has been a mixed blessing for psychologists and psychology. Relative to the model's potential relevance, the psychology workforce is small, and not always well trained in correctional psychology, since there is no direct training path to this area of practice. The result is that the way that the model has been adopted and translated into practice has been highly problematic in some key respects, threatening its acceptance (see Polaschek, 2012 for more detail).

First, it has been treated as a prescriptive model rather than as a guide. The evidence-base is built on diverse correctional responses from imprisonment (0% effect on recidivism (Cullen, Jonson, & Nagin, 2011) to employment and education programmes, and various punishment-based services and responses (e.g., "scared straight", intensive supervision probation). Effective interventions include forms of contingency management, therapeutic communities and probation supervision. Yet the modal "RNR programme" is a group-based manualised cognitive-behavioural treatment programme. This very narrow response to the evidence has led to a perception that the model itself is rigid and inflexible, when in reality there remains enormous room, still largely unexplored, for innovation and expansion within the model's aegis (e.g., Kaupapa Māori programmes).

Second, insufficient psychologist workforce and the relatively high cost of psychologists has led to the employment of cheaper, more variably trained staff. They are provided with a burst of training from the employer and then sent out to run prescriptively specified programmes to the best of their abilities, with sometimes little or no oversight or professional supervision. Some of these large-scale rollouts have failed spectacularly (e.g. Cognitive Skills programmes in England; Raynor, 2008, cited in Bonta & Andrews, 2016). Out of concern for implementation integrity, some of these endeavours have so tightly prescribed the content of the programme that it cannot adhere to the responsivity or core correctional practice principles (e.g., in five to ten-minute blocks, leaving no room to vary the treatment process).

Some of those cheaper-than-psychologist facilitators include prison and probation officers, thus creating dual-role challenges for staff who also often are unprotected by the guidance of a professional body's ethical code, to which the employer has committed. It is difficult to imagine that offenders feel comfortable disclosing treatment-relevant information to facilitators who also have a sentence

management role. There is evidence that probation officers can provide sentence management-oriented supervision while also adhering to key RNR principles in their interactions, leading to reductions in recidivism despite dual roles (Kennealy, Skeem, Manchak, & Louden, 2012). But neither of these roles is strictly that of a therapist, as it should be in a programme that is viewed as psychological treatment rather than probation supervision.

Third, psychologists themselves don't necessarily understand the RNR model, leading to the promulgation of dissatisfaction based on false beliefs. Some of the responsibility for such misunderstandings could be laid at the feet of the authors of RNR, who started writing up the foundations of the model in an age when we didn't think we needed to specify that psychologists would implicitly work to benefit offenders as well as the wider community (e.g., Andrews & Kiessling, 1980). But many newer psychologists may only know the RNR model third-hand, having never read the original material.

Fourth, the provision of effective interventions that are consistent with the tenets of the RNR model is considered by many now to be "business as usual" (i.e., boring), even though the majority of interventions and services for offenders still probably do not meet standards for evidence-based practice. But as a species, we are prone to preferring new things, even if they are no better than the old. It follows that we may be at a point where boredom with the RNR model may be reaching a critical mass. A resulting move away from RNR guidelines may also side-line psychology's key role in understanding, managing and changing behaviour, at a time when the prison population is growing faster than it has in years.

So, is the solution more psychologists? Do we always know best? Do we know what we don't know? These issues are not for correctional practitioners alone to worry about. Internationally, clinical psychologists are getting a bad name for our resistance to doing the very things we say others should do in our shoes. For example, according to Lilienfeld et al. (2013) psychologists, especially clinicians, struggle to accept that not all treatments are equally effective, and discredit ourselves by privileging clinical experience over controlled studies and engaging in naïve realism: we prefer to believe what we see with our own eyes even though "believing is seeing". We want room in treatment to do our own art, believing that manualisation stifles innovation and tailoring responses to idiosyncratic client characteristics.

In Corrections as elsewhere, psychology is being challenged to evolve. How will we engage with that challenge?

But at the same time, the reality is that most people who need one will never see a psychologist (Kazdin & Blase, 2011). When they do, few are provided with the best or even an effective treatment; most will get unsupported treatments (Baker, McFall, & Shoham, 2009). In the US, where need and costs are climbing, there is evidence that briefer non-psychologist interventions can be more effective. More and more often administrators are the people who decide who will be seen by whom; clinical psychologists are being bypassed (Baker et al., 2009).

To keep ourselves relevant we need to add to the contributions already provided by people who cost less to employ. Some of the obvious ways to do this are only possible with sufficient practice experience. Over time they may become senior practitioners who can work change with the most difficult clients, supervise and train other staff who work with offenders, disseminate core correctional practices throughout the system, design and monitor programmes, and help administrators to make sense of and integrate the research literature that becomes the evidence for practice. The future for them may be in designing innovative interventions within RNR, such as working with families, alternative methods of dissemination, novel combinations of intervention elements (e.g., into systemic responses) and the development of more supportive environments for change. But new graduates lack many of these qualities. How do we get newer staff to that point? Do we need to rethink training somehow?

Kazdin and Blase (2011) recently went so far as to say "despite advances, mental health professionals are not likely to reduce the prevalence, incidence, and burden of mental illness without a major shift in intervention research and clinical practice" (p. 21). We are a rather introverted profession by nature, and too often we get bogged down in the fine detail of a particular treatment. But if we are going to keep psychology relevant in Corrections, and in health-related practice in general we need to push to the front, to offer innovative ideas at a much more systemic level. Our government is pushing for evidence-based practice across the board, and managers and service leaders are looking to respond. We hold key skills that can help decision makers to access the research literature, synthesise findings to help provide answers, and adequately evaluate the quality of different sources of information. We also need to push to the front in creating good evidence to synthesise in the first place. It is

difficult to do meta-analyses when the primary research is missing. For example, in New Zealand we have spent years showing that some programmes can reduce recidivism but are really no closer to knowing why. We also know little about who responds best to which interventions. Lösel (2012) recently suggested we should be moving toward a third phase of RNR. For that he proposed a research agenda that did more evaluation of systems rather than silos, of routine practice, treatment process and programme climate, and put a greater emphasis on relationship issues and tailoring to individuals. He also suggested we needed to attend more to national and cultural differences. This sort of knowledge would make it easier to argue that psychology is still relevant.

To conclude, we should be far from done with RNR and "that psychology stuff"; we have a lot more to offer, but we may need to think of both the RNR model and psychology itself more widely than we currently do through our mainly clinical psychology lens. The RNR model is not a straitjacket, or an excuse for a lack of creativity. We need to generate the evidence to support that creativity. In Corrections as elsewhere, psychology is being challenged to evolve. How will we engage with that challenge? What will our contemporary psychology be? How will we balance science and art?

References

Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior, 17*, 19-52.

Andrews, D. A., & Kiessling, J. J. (1980). Program structure and effective correctional practices: A summary of the CaVIC research. In R. R. Ross & P. Gendreau (Eds.), *Effective correctional treatment* (pp. 439-463). Toronto: Butterworth.

Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology, 28*, 369-404.

Baker, T. B., McFall, R. M., & Shoham, V. (2009). Current status and future prospects of clinical psychology: Toward a scientifically principled approach to mental and behavioral health care. *Psychological Science in the Public Interest, 9*, 67-103.

Bakker, L., Riley, D., & O'Malley, J. (1999). *Risk of reconviction: Statistical models predicting four types of re-offending.* Retrieved from Wellington, NZ:

Bonta, J., & Andrews, D. A. (2016). T*he psychology of criminal conduct* (6th ed.). London: Routledge.

Cullen, F. T., Jonson, C. L., & Nagin, D. S. (2011). Prisons do not reduce recidivism: The high cost of ignoring science. *The Prison Journal, 91* 48S-65S.

English, B. (2017, August 14) *Military camp scheme 'has never been tried before'* -PM/Interviewer: G. Espiner. Radio New Zealand Morning Report.

Gendreau, P., & Ross, B. (1979). Effective correctional treatment: Bibliotherapy for cynics. *Crime & Delinquency, 25*, 463-489.

Kazdin, A. E., & Blase, S. L. (2011). Rebooting psychotherapy research and practice to reduce the burden of mental illness. *Perspectives on Psychological Science, 6*, 21-37.

Kennealy, P. J., Skeem, J. L., Manchak, S. M., & Louden, J. E. (2012). Firm, fair, caring officer-offender relationships protect against supervision failure. *Law and Human Behavior, 36,* 496-505.

Latessa, E. J., Cullen, F. T., & Gendreau, P. (2002). Beyond correctional quackery: Professionalism and the possibility of effective treatment. *Federal Probation, 66,* 43-49.

Lilienfeld, S. O., Ritschel, L. A., Lynn, S. J., Cautin, R. L., & Latzma, R. D. (2013). Why many clinical psychologists are resistant to evidence-based practice: Root causes and constructive remedies. *Clinical Psychology Review, 33*, 883-900.

Lösel, F. (2012). Toward a third phase of "what works" in offender rehabilitation. In R. Loeber & B. C. Welsh (Eds.), *The future of criminology* (pp. 196-203). Oxford University Press: Oxford, UK.

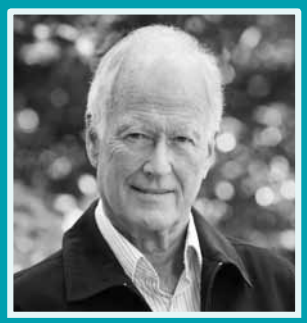
Polaschek, D. L. L. (2012). An appraisal of the Risk-Need-Responsivity Model of offender rehabilitation and its application in correctional treatment. *Legal and Criminological Psychology, 17*, 1-17.

Wilson, D. B., MacKenzie, D. L., & Mitchell, F. N. (2005). Effects of Correctional Boot Camps on Offending. A Campbell Collaboration systematic review. available at: http://www.aic.gov.au/campbellcj/reviews/titles.html

Youth Justice Policy Announcement: New Zealand National Party (August 13, 2017, Lynfield Park, Auckland). Retrieved August 28 2017 from https://d3n8a8pro7vhmx.cloudfront.net/nationalparty/pages/8079/attachments/original/1502665477/Youth_Crime_-_Policy_Document.pdf?1502665477

Mental travels in space and time

Michael Corballis



Michael Corballis received an MSc in mathematics from Victoria University College (now University) before going on to an MA in psychology from the University of Auckland and PhD in Psychology from McGill University in Montreal, Canada. He taught at McGill from 1966 to 1978, when he returned to the University of Auckland as Professor of Psychology. He has worked primarily on perception, memory, imagination, brain asymmetry, and language. In 1998 he received an honorary LLD from the University of Waterloo, Canada, and in 2002 was created Officer of the New Zealand Order of Merit for contributions to psychological science. In 2016 he was awarded the Rutherford Medal by the Royal Society of New Zealand.

Our ability to recall past events is known as episodic memory, and depends critically on the hippocampus, a seahorse-shaped structure in the medial temporal lobe. Patients suffering extensive damage to this structure, or its complete removal, lose the ability to form new memories of events, along with inability to consciously recall past ones. One famous example is Henry Molaison, widely known in the literature as H.M., whose hippocampus was removed bilaterally for the relief of epilepsy. Another is the English musician Clive Wearing, whose hippocampus was destroyed as a result of a viral infection. In spite of profound loss of episodic memories, these individuals nevertheless retain skills, such as playing the piano and even the ability to speak, and can learn new skills even though they don't remember the learning trials themselves. Thus, procedural memory remains intact, while episodic memory is lost. Short-term memory is also largely intact, so that patients with this condition can engage in conversation, but lose track within a few seconds. Clive Wearing was described in a television documentary as "the man with the seven-second memory."

It is now known that the hippocampus is also critical to the ability to imagine future events, even though we cannot know whether those events will actually occur. Indeed, our mental travels into past and possible futures are both subject to variation; even our memories of events are sometimes not accurate renditions of what actually happened. Indeed, episodic memory seems to have evolved not so much to provide a record of the past as to serve as a basis for supporting future behavior and adjustment to life's contingencies. Sometimes our mental wanderings are involuntary, as in mind wandering or dreaming, and have a semi-random quality that may be part of the basis of creativity.

It has often been proposed that mental time travel is unique to humans, but both behavioural and neurophysiological evidence now suggest that other species can both recall past episodes and imagine possible future ones. Scrub jays are a species of bird that caches food in different locations for later recovery. Experiments have shown that they will recover different items of food depending on how long they have been cached, preferring to recover worms rather than nuts if they were cached a short time ago, but nuts rather than worms if cached a longer time ago, presumably because they know the worms will have decayed. This suggests they remember when they cached these items as well as where they cached them, suggesting episodic memory. They also later re-cache food if another bird is watching, perhaps anticipating that the watching bird would later steal the food, implying that they are imagining a future event. Analogous findings have been reported in other species, including chimpanzees. One chimpanzee in a Swedish Zoo hides rocks in various locations, evidently anticipating a later opportunity to throw them at unsuspecting visitors when the zoo opens. Although these behavioural finding suggest mental time travel, they are perhaps not definitive because they might reflect simpler processes, such as trial-and-error learning.

Evidence that may relate more closely to mental processes comes from hippocampal recordings in the rat. The hippocampus has long been known to contain "place cells" that record where the animal is located in space, operating as a kind of GPS system. More recently, it has been discovered that these cells often fire in sequence after the animal has been removed from some environment, such as a maze, and these sequences correspond to trajectories within that environment. Sometimes they

represent trajectories the animal actually traversed in the environment, suggesting episodic memory. Sometimes, though, they correspond to trajectories the animal did not traverse, as though the animal was planning a future trajectory, or simply imagining one. Brain imaging reveals similar activity in the human hippocampus when people imagine past, future, or simply invent scenarios that need have no real-world reference.

Our ability to recall past events is known as episodic memory, and depends critically on the hippocampus, a seahorse-shaped structure in the medial temporal lobe

Internal mapping of space and time may go far back in the evolution of animals that move, and need to know where they are, where they have been, and where they might go next. Space and time may also permeate our thought processes more generally. As the cognitive linguist George Lakoff has pointed out, even when thinking or talking of nonspatial entities or ideas we use metaphors based on the spatiotemporal world—we "reach conclusions", "go off on tangents," "toss ideas around," "shed light on a problem." Much of our thinking seems to depend on the embodiment of space and time. Thinking is not so much the manipulation of abstract symbols, computer-like, as an internal exercise in real-world mapping and manipulation.

We humans may well have developed our mental time travels in more depth and detail than so far evident in the rat, and have also evolved a further facility for what has been termed "theory of mind"—the ability to understand what others feel, perceive, or believe. Whether nonhuman animals possess this capacity remains controversial, although there is good evidence that primates, at least, show empathy, and recent indications that chimpanzees understand that others may hold beliefs that differ from their own. But theory of mind is probably much more developed in humans than in other animals, and means that we can imagine the mental time travels of other people, and even these may be either real or imaginary. Mental travels in space, time, and into the minds of other people underlie the human predilection for storytelling. It has been suggested the human species might be termed Homo narrans—the story tellers—rather than Homo sapiens. Our stories are often about imaginary heroes and villains, detectives and criminals, lovers and losers, and may even involve talking animals and creatures from outer space. Religions may depend on our capacity to imagine supernatural beings with mental powers beyond our own.

One characteristic of these mental activities is generativity, the capacity to produce a vast number and variety of scenarios. This may also have an evolutionary basis in the representations of space, and receive additional impetus in highly social species in which social interactions assume special importance. But even generativity may have ancient roots. Adjacent to the hippocampus is the entorhinal cortex, which even in the rat seem to be involved in creating different representations of space. So-called "grid cells" in the entorhinal cortex act in conjunction with hippocampal cells to calibrate spatial understanding according to such features as scale, orientation, and proximity to borders. For example, one's location in space can be understood on a scale that can be more or less local or global; even while located at my office desk I can code my location within the office, or within the building, or within the city, or within the country itself. Thus, we can zoom.

Simply turning around also creates a different sense of the space one is in. This is well illustrated by the case of a woman suffering left spatial hemineglect who was asked to imagine herself in the Piazza del Duomo in Milan, facing the Duomo (cathedral). In her imagination she was able to name only the landmarks on the right. But when asked to mentally turn around she proceeded to name those on the other side, now on her right, neglecting those she had previously named. The flexibility in the understanding of space derives from the fact that the surrounding space itself takes different forms as we move around, so that our sense of the environment must adapt quickly. This seems to be as true of rats as of humans. And it seems to apply even in imagination, when we imagine ourselves to be somewhere else, such as in the Piazza del Duomo in Milan.

Internal mapping of space and time may go far back in the evolution of animals that move, and need to know where they are, where they have been, and where they might go next.

When the mental capacities to zoom, rotate, and relate to borders and landmarks are imposed on representations that refer to events at different points in time, that can be imaginary as well as real, and that can be mentally imposed on people other than ourselves, we have a system that can be vastly, perhaps even infinitely, generative, underlying our ability to recover memories, plan futures, and tell stories. The platform for these capacities probably go far back in evolution of animals that move around in space and interact with objects and individuals in space.

What may be distinctive to humans, though, is not these mental travels themselves, but rather the ability to communicate them to others, although even this may not be entirely unique to humans. There is at least some

evidence for pantomime in other primates, including great apes, and some have argued that the origin of stories lies in play, ubiquitous in the young of many species. But human language does seem uniquely complex and generative, exhibiting what Noam Chomsky has called "discrete infinity." This generativity, though, may be not so much a feature of language itself as of the imaginative thoughts that underlie it. We humans have devised a system that allows us to share our mental travels with others, which in turn vastly increases our knowledge base and social understanding.

What may be distinctive to humans, though, is not these mental travels themselves, but rather the ability to communicate them to others, although even this may not be entirely unique to humans.

These ideas are further discussed in my two recent books, *The Wandering Mind* (2014), and *The Truth about Language* (2017).

What does speech-language therapy practice psychology?

Philippa Friary, Liz Fairgray, Selena Donaldson, Suzanne C Purdy

Selena Donaldson (nee Mathie) is a speech language therapist of over twenty years, with special interests in acquired brain injury and adult stuttering. Selena worked for thirteen years in the United Kingdom, leading speech language therapy within a regional neurological rehabilitation centre for working age adults with brain injury. She has been an expert witness for the UK Courts and has reported on a large number of cases for both claimants and defendants. She has also lectured on pragmatic communication disorders at Newcastle University. She is a Professional Teaching Fellow at The University of Auckland, clinically educating students in the Master of Speech language Therapy Practice and also works as an Associate Director of Allied Health at Counties Manukau Health.

Suzanne Purdy is Professor and Head of Speech Science in the School of Psychology at the University of Auckland and Principal Investigator in the University of Auckland Centre for Brain Research (CBR) and the Brain Research New Zealand Centre of Research Excellence. Her academic background is in psychology, speech science and audiology and she has research interests in communication disorders, auditory processing, hearing and neurological conditions. Current research activities include two largescale studies of hearing and auditory processing in adolescents in the Pacific Islands Families Study and in New Zealand adults in the Dunedin Multidisciplinary Health and Development Study. She is also investigating sensory function in adults with mild cognitive impairment attending the Dementia Prevention Research Clinic and the interaction between cognition and signal processing in adults who are profoundly deaf who use cochlear implants.

e look like in New Zealand and how does it interface with

Speech-language therapy in New Zealand

It is estimated that New Zealanders have a 1-in-4 chance of meeting a speech-language therapist (SLT) professionally during their life. SLTs work with people across their lifespan, from birth to death. This work can include supporting a new parent and their baby to feed, helping someone's poppa who has had a stroke understand why his words are hard to find because of his aphasia (Brewer et al., 2015), supporting a teenager who has had a traumatic brain injury to understand the language used in our youth courts (Hand et al., 2016), or helping a whanau understand the concept of 'risk feeding' (Miles et al., 2016) when helping their kuia who has end stage dementia during kai time.

New Zealand has three places where people can undertake professional training in SLT that enables them to enter the profession, the University of Canterbury, Massey University and the University of Auckland. You can enter the profession with either a Bachelors degree (Canterbury, Massey) or a two-year taught Masters (Auckland, Canterbury). The three universities graduate approximately 80 SLTs per year who find employment in public and private settings (Figure 1).

The three universities' programmes are accredited by the professional body, the New Zealand Speech-language Therapists' Association (NZSTA), a thriving organisation with over 700 members. NZSTA sets standards for university programme accreditation and supports the ongoing professional development and ethical practice of its members (Table 1 see page over).

SLT Workforce

Membership of NZSTA is not a requirement for working in this field, however, public sector employers require that their SLTs are eligible for membership. Figures 1-3 show a breakdown in membership across the last five years and a closer look at members by workplace, ethnicity and gender. The majority of NZSTA members are female (96%). Unfortunately, only a small number of New Zealand SLTs identify as Māori (Brewer & Andrews, 2013) (see Figure 3). Members who have not provided any information about their ethnicity fall into the "other" and "unknown" categories in Figure 3. Some aspects of the work of SLTs in New Zealand are highlighted in the following three case examples.

Figure 1: Full members of NZSTA, student members and members in 'other' categories (e.g Associate members) during the 2012-2016 time period

Figure 2: Breakdown of NZSTA SLT members' workplaces based on 2016 membership survey

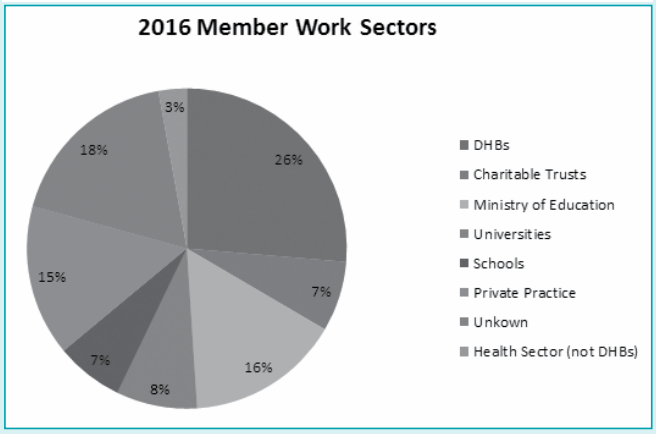


Figure 3: Breakdown of NZSTA SLT members' ethnicity based on 2016 membership survey

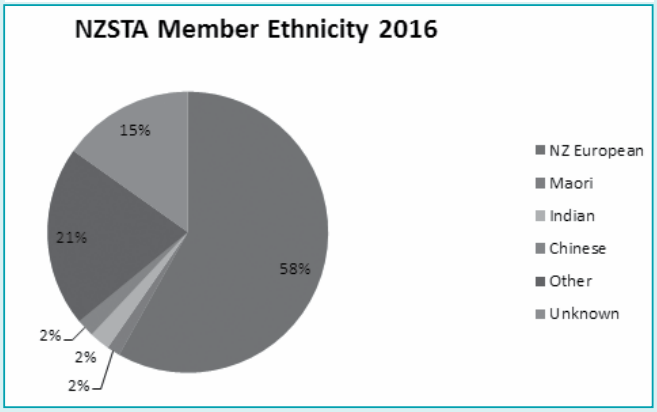


Table 1: NZSTA's vision and mission statement

Vision:
A thriving profession working in partnership to enhance lives.
Values:
As speech-language therapists and members of the NZSTA we strive to:
• Work in **partnership** and with **integrity**
• Be **leaders** in the field of communication and swallowing
• Be **person** and **whanau centred,** working with **respect** and **humility**
• Provide an **equitable, excellent** service
Mission:
• To guide and govern the, educational, clinical and ethical standards of SLT practice
• To empower SLTs to provide excellent and equitable services to our communities
• To represent the interests and views of SLTs
• To be responsive to te Tiriti o Waitangi and an international leader in cultural responsiveness
• To promote quality evidence based SLT practice and research

Case example 1: Working with a child with communication and feeding/swallowing needs

Speech language therapists work with children with communication and swallowing disorders. This case highlights the complex needs experienced by the children and families of children with significant communication difficulties. Rose (pseudonym) presented to speech language therapy at age 18 months with a diagnosis of cerebral palsy, developmental delay and a suspected unidentified chromosomal micro deletion. Using family centred practice, goals for functional language development and entry to mainstream education at aged 5 years, were negotiated. At this stage Rose had all her nutritional needs met via a bottle with pediasure. No food was eaten at all. This appeared to be both physiological and emotional in nature, due to early tube feeding. A close team worked with Rose and her family including a developmental psychologist, paediatrician and otolaryngologist. Despite all oral intake being via a bottle, Rose sat at the table and was present at family mealtimes. This provided both social and desensitising opportunities. Early speech work with Rose included activities to facilitate and encourage understanding of and production of early sounds and gestures. Suprasegmental features of speech were emphasised and these were synchronised with early play and motor development. By 26 months, Rose had started walking, but not eating. During the time from 24-36 months, she progressed to using phrases to gain attention, protest, inform, request, ask for repetition and show emotions. Language intervention was linked to cognitive and motor development as recommended by developmental psychologists.

During the period from 36-48 months, receptive understanding of language continued to develop very quickly and reached an age equivalent level by 42 months. Expressive language reached levels of 10 word sentences and by 48-52 months was age appropriate. However, the articulation of speech sounds was still not very clear and therefore became the focus of subsequent months. Progress with food intake was not as smooth, but was assisted by help from the cleft palate team and surgery to the soft palate at 4 years. The psychologist was also involved and discussed ways to encourage Rose to eat, as her lack of food intake was regarded as partially emotional as a result of early tube feeding. The remaining preschool months and the first two months of the transition to school were significant for completing Rose's speech goals. Early literacy skills were encouraged to support the speech patterns by reinforcing the production of a sound with the written letter of the alphabet. At school entry, Rose was performing at age level for language and academic skills; with only a very mild residual speech problem. Rose was aged 18 months when first seen by SLT, and had already been evaluated by a paediatrician, audiologist, occupational therapist and the developmental team which included a developmental psychologist. Clearly inter-professional support was important for this family and child.

Case example 2: Traumatic brain injury

R suffered a traumatic brain injury eight weeks prior to his first seeing SLT. He was undergoing rehabilitation in a specialist unit in Auckland. His speech language therapist saw him daily for individual and group sessions. Initially, the SLT helped inform the team about R's ability and understanding of verbal instructions, and therefore participation in physio

and occupational therapies. As he improved, therapy focussed on raising R's insight into his communication deficits and therefore beginning to develop some self-monitoring and eventually compensatory strategies to help with them. Video-taping samples of R's communication and then reviewing and discussing them together, with checklists that R helped generate formed a big part of this. Input from family and friends helped make this type of therapy applied and relevant to R's own pre-morbid communication styles and needs. Carry-over and practice was provided by group sessions with other patients, and R was also beginning some community activities to assist with this and other team goals. Family education and objectifying R's communication presentation with full assessment was the focus before R was discharged from inpatient care and SLT continued at home to help him reintegrate back into the community.

Case example 3: Working with adult clients who have had a stroke

Aphasia occurs in about a third of patients who have ischemic stroke and significantly affects functional recovery (Purdy et al., 2016). People with aphasia experience reduced participation in activities outside the home such as work and recreation and difficulty engaging in social interaction and communicating needs. In the early days after stroke, evidence suggests that intensity and frequency of SLT contributes to better communication outcomes for patients (Kelly et al., 2010). For people with severe aphasia, the time immediately after the stroke can be a dark and frightening time.

SLTs examine language processes at the single word level to objectify areas of breakdown and then target these through drills and exercises. These are shaped to integrate person-specific vocabulary. Education and counselling is also essential at this time, helping the patient and their family navigate life out of hospital with communication impairment. Role changes are often a focus of this SLT work, for which therapy is solution focussed. As progress plateaus, and the aphasia becomes chronic in nature, social networks specific to persons with aphasia are often invaluable, and will assume an important role as therapy ceases. Purdy et al. (2016) reported outcomes for a patient who had a stroke at age 37 which resulted in severe aphasia, making it difficult for him to participate in job interviews and read new information quickly, a skill that was required for his work before his stroke. SLT input and support from others with aphasia participating in a "Gavel Club" for people with aphasia improved this patient's communication confidence and mood as well as his linguistic communication, enabling him to return to work, albeit in a different role, several years after his stroke.

Discussion

There are many areas of speech language therapy that provide opportunities for collaboration between SLTs and psychologists. In the developmental area, children referred to SLTs may have complex needs and the family may be supported by a multidisciplinary team including psychology. Developmental communication disorders are associated with behaviour (Willinger, 2003) and attention problems (Korrell et al., 2017), and anxiety and depression (Botting et al., 2016) and hence outcomes of psychological and speech language therapy may be improved by a multidisciplinary approach.

Acquired communication and swallowing disorders in adults with stroke, traumatic brain injury and degenerative neurological conditions such as Parkinson's disease and motor neurone disease are treated by SLTs in hospital and community settings. Patients with these conditions are commonly experiencing changes in their relationships with whanau and friends and participation in work and other activities at the same time as they are receiving SLT treatment for their communication and swallowing difficulties. Low mood, restricted physical functioning and reduced opportunities to participate independently in work and other activities can amplify the effects of communication and swallowing disorders on wellbeing and quality of life (Cruice et al., 2011). A recent paper examining the association between neuropsychological deficits and improvement after SLT for people with aphasia, highlighted the opportunity for psychologists and SLTs to work together to improve outcomes for people with aphasia (Votruba et al., 2013). In this study, psychological and neurocognitive functioning accounted for 15% of the variance in relative language change in 50 patients who were ≥9 months post stroke who were enrolled in outpatient SLT to treat their aphasia.

SLTs would welcome the opportunity to work more closely with psychologists, to ensure communication opportunities are optimised in therapy settings for patients of all ages and with different aetiologies of communication difficulties, and to ensure that psychological factors such as low mood and anxiety are not preventing patients from engaging with and benefiting from SLT services.

References

Botting, N., Toseeb, U., Pickles ,A., Durkin, K., & Conti-Ramsden, G. (2016). Depression and Anxiety Change from Adolescence to Adulthood in Individuals with and without Language Impairment. *PLOS ONE 11*(7), e0156678. https://doi.org/10.1371/journal.pone.0156678

Brownlie, E.B., Beitchman, J.H., Escobar, Young, M., Atkinson, L., Johnson, C., Wilson, B., & Douglas, L. (2004). Early language impairment and young adult delinquent and aggressive behavior. *Journal of Abnormal Child Psychology, 32(*4), 453–467.

Brewer, K.M., McCann, C.M., Worrall, L.E., & Harwood M. L. N. (2015). New Zealand speech–language therapists' perspectives on service provision for Māori with aphasia. *Speech, Language and Hearing, 18*(3), 140-147. doi.org/10.1179/2050572814Y.0000000060

Brewer, K. M. & Andrews, W. J. (2016). Foundations of equitable speech-language therapy for all: The Treaty of Waitangi and Māori health. *Speech, Language and Hearing, 19* (2), 87-95. doi.org.ezproxy.auckland.ac.nz/10.1080/2050571X.2015.112287

Cruice, M., Worrall, L., & Hickson, L. (2011). Reporting on psychological well-being of older adults with chronic aphasia in the context of unaffected peers. *Disability and Rehabilitation, 33*(3), 219-228. doi.org.ezproxy.auckland.ac.nz/10.3109/09638288.2010.503835

Hand, L., Pickering, M., Kedge, S., & McCann, C. (2016). *Oral Language and Communication Factors to Consider When Supporting People with FASD Involved with the Legal System*. In M. Nelson, M. Trussler (Eds.) (pp. 139-147). SPRINGER. 10.1007/978-3-319-20866-4_9

Kelly, H., Brady, M. C., Enderby, P. (2010). Speech and language therapy for aphasia following stroke. *Cochrane Database of Systematic Reviews, 2010,* Issue 5. Art. No.: CD000425. DOI: 10.1002/14651858.CD000425.pub2.

Korrel, H., Mueller, K. L., Silk, T., Anderson, V., Sciberras, E. (2017). Research review: Language problems in children with Attention-Deficit Hyperactivity Disorder - a systematic meta-analytic review. *J Child Psychol Psychiatry, 58*(6):640-654. doi: 10.1111/jcpp.12688.

Lount, S., Purdy, S.C., & Hand, L. (2017). Hearing, auditory processing, and language skills of male youth offenders and remandees in youth justice residences in New Zealand. *Journal of Speech-Language-Hearing Research, 60,* 121-135. doi:10.1044/2016_JSLHR-L-15-0131

Miles, A., Watt, T., Wong, W-Y., McHutchison, L., & Friary, P. (2016). Complex feeding decisions. Perceptions of staff, patients, and their families in the inpatient hospital setting. *Gerontol Geriatr Med.* 2, 2333721416665523. doi: 10.1177/2333721416665523

Purdy, S.C., Wanigasekara, I., Cañete, O.M., Moore, C., McCann, C.M. (2016). Aphasia and auditory processing after stroke through an ICF lens. *Seminars in Hearing, 37*, 221-234.

Votruba, K. L., Rapport, L. J., Douglas, Whitman, R., Johnson, A., & Langenecker, S. (2013). Aphasia Predict Improvement in Speech-Language Therapy. Topics in *Stroke Rehabilitation 20*(5), 421-431. http://dx.doi.org.ezproxy.auckland.ac.nz/10.1310/tsr2005-421

Willinger, U., Brunner, E., Diendorfer-Radner, G., Sams, J., Sirsch, U., & Eisenwort, B. (2003) Behaviour in children with language development disorders. *Can J Psychiatry 48,* 607-614

One on One - with Richard Straight

Richard Straight was invited as our 'one on one' contributor.

Richard graduated from Canterbury University in 1997 with a M.Sc(hons) and Post Graduate Diploma. He worked in a consulting firm in Christchurch before moving to the UK. After working in the UK he returned to Christchurch to take up a position with the Canterbury District Health Board, where he worked in outpatients Specialist Mental Health Services for 8 years with people with intellectual disabilities and their families. During the last three years, he has worked with the forensic intellectual disabilities population, mainly care recipients under the Intellectual Disability Compulsory Care & Rehabilitation Act. Recently he took up a psychology position with Explore services, working with individuals with a range of disabilities with challenging behaviours and their families. His areas of interest include: assessments such as I.Q eligibility, sexual knowledge, fire setting, functional analysis of behaviour, anger management, motivational interviewing, solution focused brief therapy, REBT and the development of behaviour management plans.

One aspect of your role(s) that you find really satisfying

I really enjoy the variety of work; each case is different and with its own different challenges.

One event that changed the course of your career

I originally started my career as an I/O psychologist for about 4 years, but with my background and experience, I had the opportunity to move to working with families with children and adults with intellectual / physical disabilities and then to adults with an intellectual disability that had committed a crime. I then returned to working with families as above but that now include people with no intellectual disability.

One alternative career path you might have chosen

When I left high school, I was planning on being an architect however decided to go to university and really enjoyed the psychology paper and therefore followed my interest. In addition, whilst having an interest in business, I found the I/O psychology area fascinating and combined my interest in disabilities and work for my thesis.

One learning experience that made a big difference to you

There have been many opportunities and learning experiences over the years that have made a big difference to me and the way I practice. Typically learning new modalities such as motivational interviewing etc provide

interesting and new ways to work.

One book that you think all psychologists should read

Professional Practice of Psychology in Aotearoa (NZPsS).

One challenge that you think psychology faces

I think psychology and psychologists need to further educate the public on what we do and that there is no one 'all knowing' psychologist. The public need to seek out psychologists that specialise in the area they need assistance with. I'm always surprised how many times I get asked if I can read someone's mind, prescribe medication or have a couch in the office? I am also asked if I'm a clinical psychologist.

One thing that psychology has achieved

Psychology is an area which continually grows and I think psychologists are able to move areas and vary the work they do because psychologists recognise that the principal underlying requirement is not the scope but competence.

One aspiration for New Zealand psychology

I work with a range of psychologists from various backgrounds and scopes such as child and family, clinical and industrial and organisational psychologists. My aspiration would be for psychologists to recognise, that all psychologists are equal and just bring different perspectives and specialise in different areas of psychology.

One social justice issue psychology should focus on

I would like to see the Government/Ministry of Health create a pathway for people to have psychological input. This is the case in Australia and I think this would help reduce/stop possible ongoing and more serious mental health issues such as people having breakdowns and suicide and create a greater exposure of psychology to the public. I also believe the work life balance that people and organisations talk about is mostly 'lip service' and this needs to change.

One big question

How can we make psychology more accessible to all people? Long waitlists and costs means we can't be there when needed and often when we are, we are the ambulance at the bottom of the cliff when it's too late.

One regret

Not finding/making enough time to read more.

One proud moment

When a family thanks you for helping them better manage the challenging behaviours of their children and adults with an intellectual/physical disability and receiving a formal letter from a specialist assessor commending the work I did with a client.

One thing you would change about psychology

The use of scopes would be removed and/or the way they are used, where all psychologists would use the term psychologist first and then the scope; for example, psychologist (clinical scope) or psychologist (child and family scope). Also that industrial and organisational psychologists be recognised as psychologist and a scope. In addition, I have seen psychologists excluded from applying for jobs, due to them being advertised with a particular scope where the scope is not as relevant as the competence in the area of skills the job requires.

One piece of advice for aspiring psychologists

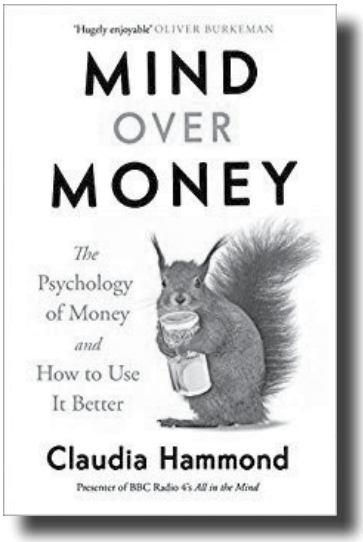
Wear sunscreen. Also, be prepared for the transition from being a student and the text book cases/academic work to the real world cases that are more complex. This is often referred to as the 'imposter syndrome' and realise you still have the knowledge to do the work. Also acknowledge that finishing university and starting work in psychology is simply starting another phase of your learning in psychology.

There is probably something for everyone in the four book reviews that we have for this issue. We have an essay about money, a statement on responding to suicidality, a discussion about the status of brain imaging, and a review of cognitive therapy. I am constantly impressed by the reach of psychology, and by its contribution of constructive criticism and analysis. Happy reading everybody!.

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

Mind over money: The psychology of money and how to use it better

Reviewed by Dr Rebecca Sargisson, Senior Lecturer, School of Psychology, University of Waikato at Tauranga.



This book appealed to my interests in both psychology and mathematics, in the form of behavioural economics, and not because of Nigel Latta's television programme of the same name. I did watch the show so that I could comment on whether it was an effective substitute for the content presented in *Mind over Money*. It was not. Hammond's review of psychology research and breadth of topics far exceeds those presented in Latta's television version.

A reader will find much to interest them in this easy-to-read overview of research on what money means to us, how we use and misuse it, and whether it makes us better people. I was captivated by the introduction to the book where Hammond describes the burning of £1 million by a UK rock band in 1994. The public outcry and moral debate that ensued from that event highlighted a society with strong views about the value of money and people's right to "waste" it.

Mind over Money contains useful advice in various areas of money management, including fund-raising and employment. Hammond supports her advice with reference to high-quality academic research, describing the studies in an easy-to-digest format, and providing insights into why we treat money as we do, and how to avoid some of its pitfalls. The book covers a range of topics, such as whether we should pay friends for favours, whether we should split the restaurant bill evenly, how waiters can garner more tips, and whether monetary rewards and fines work.

Hammond peppers the book with her own interpretations of the research evidence, some of which, frankly, overstepped the results. For example, in Chapter 2, Hammond argues that we will be more astute about money if we are grumpy, but the argument is premised on a single study showing the opposite – people are less mathematically astute when they are happy.

I was occasionally annoyed by the "dumbing-down" of the content and the omission of research that I felt was important. For example, Hammond spends a large section of Chapter 11 talking about gambling but does not mention Skinner or intermittent reinforcement theory. Similarly, in Chapter 10, she recommends closing the gap between rich and poor, because having money leads people to make better financial decisions, but she does not refer to Wilkinson and Pickett's (2009) work on income inequality. It was nice to see the inclusion of New Zealand research, from the Dunedin Multidisciplinary Study, in the book, however.

The last chapter of *Mind over Money* is a list of advice on money from topics throughout the book. The list seemed disappointingly brief, and I felt short-changed that these were the only pieces of concrete advice to come from the whole book. I think Hammond would have been better to have included bullet points at the end of each chapter rather than at the end of the book. The points would have provided clear summaries of each chapter, and would have been easier to interpret after having just read the chapter than at the end of the book.

Overall, the book is easy to read and interesting, with enough research kudos to provide legitimacy to the ideas

presented. Most readers will find something of interest in *Mind over Money,* and are sure to learn something about their own approach to money.

Reference

Wilkinson, R., & Pickett, K. (2009). *The spirit level: Why more equal societies almost always do better*. London, UK: Allen Lane.

Mind over money: The psychology of money and how to use it better

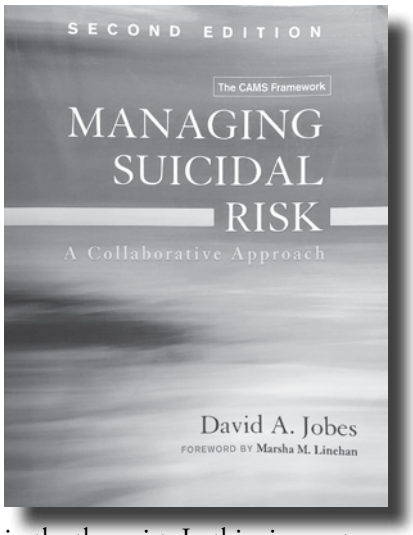
Claudia Hammond (2017)

Cannongate Books. ISBN: 1782112065

384 pp. Paperback. ($16.31, Fishpond)

Managing suicidal risk: A collaborative approach

Reviewed by Dr Peter Stanley, Counselling psychologist, Tauranga.



Managing suicidal clients is the most demanding task that we undertake as psychologists. Arguably, nothing compares with this pressing responsibility that can result in the death of the client, and which can cause severe feelings of anxiety, impotence, and inadequacy in the therapist. In this circumstance, *Managing Suicidal Risk* is (figuratively) a 'life-saver' for psychologists that can practically, and repeatedly, assist us to save the lives of others. To this end, Jobes (2016) provides us with both a proven psychometric instrument (the Suicide Status Form, SSF) and an associated philosophy of care (the Collaborative Assessment and Management of Suicidality, CAMS). What is on offer here might be seen as a major departure from conventional practice. Most certainly, it is a movement away from the adversarial relationship dynamic that can develop when suicidal clients are perceived primarily as disturbed and disturbing, and as threats and 'trouble.'

The SSF was originally developed to meet a need in university counselling centres and it is now in its fourth iteration. It is presently deployed in a number of countries, in a variety of care settings, and with a range of clients. The SSF is a 50-minute assessment that focusses on the "drivers" of suicide for the client, and it also specifically gauges the ambivalence that is often inherent in suicidal thinking. This device ensures that there is an immediate action plan for the next episode of suicidality, it scopes out a personal treatment plan for the longer term, and it gives rise to a reasoned determination about the client's current level of risk. Each subsequent therapy session starts with an abbreviated version of the SSF and, as well, there is a final session edition. This is a comprehensive assessment process and, as the author makes clear, it is a suitable response to any ensuing complaint about the adequacy of psychological care. As we know, malpractice liability is a significant issue in the US, and most families who lose a relative to suicide think about suing psychologists, and 25 percent actually do so.

Two key features of the Jobe's approach are a focus on the suicidality itself (rather than on any concurrent diagnoses) and a close therapist-client collaboration (in place of a "one-up"/"one-down" relational configuration). While the suicide prevention literature tends to be concerned with psychopathology and mental disorders, the facts are that only 60 of the 100 Americans who kill themselves each day will have clinical depression. Moreover, there is minimal evidence that treating mental illnesses reduces suicidal ideation or inclinations. What the randomised controlled trails do make clear is that the most effective responses are psychosocial interventions that specifically address suicidality. The direct and indirect drivers of self-harm need to be truly understood from the client's perspective, and this requires "empathic fortitude" on the behalf of the "therapist-participant." The intention is for clients themselves to effectively become "junior suicidologists" who understand how suicide has come to function as a favoured response for them, and develop strategies to better manage their own lives. Furthermore, family members, and other important people for the client, are routinely recruited for information and ongoing support, and this is another "standard part of good clinical care" (p. 140).

'Do I, or do I not, notify mental health services?' This is a question which can preoccupy the mind of a community-based psychologist who has a client who is threatening suicide. Jobes provides a multi-layered response to this issue. First up, it is very important that the helpers in a client's life are talking to each so that all relevant aspects can be commonly understood. A second point, however, is that a present day psychiatric referral may be based on a misunderstanding of what this now entails. In the

past, urgent hospitalisation led to relatively lengthy stays with a full workup, individual psychotherapy, group psychotherapy, and other therapeutic engagements. By contrast, in the US today, inpatient care can be for no more than 24-48 hours, and "treatment" will principally be with some psychotrophic drugs, which might be paired with a questionable "no-suicide" or "no-harm" contract. Excessive mental health referral may represent defensive practice, or it could stem from an insubstantial assessment of suicidality, and in either case it has the capacity to interfere with a collaborative relationship. Jobes says that we definitely do need to refer on if there is "clear and imminent danger." But, in every gradation of risk up to this point, he favours community-based care, which reduces stigmatisation, and which maintains links with family, friends, and employment.

Interesting, the CAMS approach to suicidality embraces the central tenets of counselling psychology in this country (NZ Psychologists Board scope definition refers) including empowerment and prevention, and commitments to ecology, developmental adjustments, and phenomenology (as distinct from a reliance on diagnosis). The author also endorses heterogeneity and flexibility in the utilisation of treatment modalities, and this is also a characteristic that is associated with the discipline of counselling psychology. Following the initial SSF assessment, the framework can accommodate any evidence-based intervention system (such as DBT, CBT, or ACT), and in this sense, it is theoretically "nondenominational." The criteria for case resolution in CAMS is three consecutive sessions without suicidal behaviour. In addition, the client will record that they are managing their thoughts and feelings and they are at significantly lowered risk of self-harm. Clinical research shows that this outcome will typically be achieved in 6-8 sessions, and it is estimated that relapse will occur in fewer than ten percent of resolved cases. In keeping with what we understand as a counselling psychology approach, Jobes contends that:

Critically, offering an opportunity to work collaboratively on one of the most divisive struggles in the human condition is perhaps the best that we can ever offer an anguished soul. And in so doing, we have done right by our fellow traveler in the journey of life. (p. 166)

Managing suicidal risk: A collaborative approach

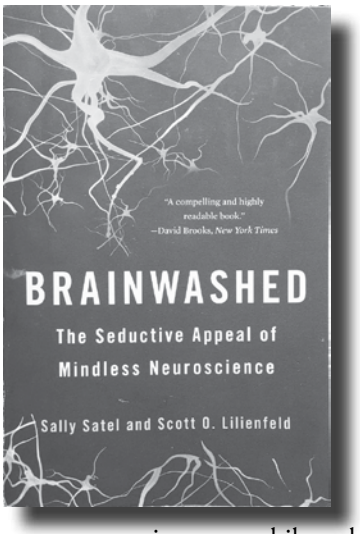
David A. Jobes (2016)

Guilford. ISBN: 9781462526901

270 pp. Paperback. ($57.38, Book Depository)

Brainwashed: The seductive appeal of mindless neuroscience

Reviewed by Dr Peter Stanley, Counselling psychologist, Tauranga.



Sally Satel and Scott Lilienfeld provide a scholarly and significant critique of contemporary neuroscience and its defining technology, which is functional magnetic resonance imaging (fMRI). The US appears to have taken fMRI to its heart, and its apparent utility is advanced in neuromarketing, neurolaw, neuroeconomics, neurophilosophy, neurofinance, neurohistory, neuroliterature, neuromusicology, neuropolitics, and neurotheology. The authors discuss the first two applications in some depth. In advertising research, neural imaging is depicted as the direct route to desire and, more specifically, to the 'buy button in the brain.' Subscribers to highly expensive fMRI consumer investigations have included commercial giants like Coca-Cola, Google, Facebook, and Disney. In criminal inquiries, the US has a fairly longstanding cultural commitment to exposing liars, and neural technology follows the polygraph test in the cause to establish a reliable physiological signature for them. In addition, the case has been repetitively advanced in American jurisdictions that the "hard evidence" of neuroscience now brings criminal culpability into serious question.

While there is an avalanche of enthusiasts for this new biologically-based explanation of human behaviour, there are others who regard this landscape event as "neuromania," "neurohubris," "neurohype," "neurophrenology," and "neurobollocks." As Satel and Lilienfeld say, fMRI is contributing enormously in identifying organic dysfunction, and in showing the correlates of some psychological phenomena, but what 'lights up' in the geography of the brain is not a map of the mind. Those characteristics that define us as a person ('self,' 'mind'), and that consciously and unconsciously dictate our conduct, cannot be so simply captured in the blood flow differentials of neural imaging. In addition, there are all manner of technological, conceptual, and methodological challenges that "neuropundits" may not generally appreciate. For

instance, neural images are delayed and statistically derived representations rather than pictures in real time. Such renderings can lead to error, as can notions that activated brain areas have single and exclusive functions. Furthermore, psychological research involving fMRI is easily distorted by subject selection biases and by context effects.

Satel and Lilienfeld warn us to be sceptical whenever it is asserted that "Brain scans show . . ," because rarely does X cause Y in this field and, at best, the two variables will have co-occurred. Nonetheless, the eagerness of the media to run stories of direct causation suggests that explanations of behaviour in terms of the brain are privileged. This is evident across some old problems of living (like depression), and also with some relatively new ones (such as fetal alcohol spectrum disorder); and in the present text the authors discuss this development in relation to addictions and adolescent misbehaviour. Opiate addiction amongst service personnel during the Vietnam War rarely persisted on return to the US, despite affecting 10-15 percent of those who were actively engaged. Amongst this group of people there would probably have been those who had neural indices of craving, and their reward pathways may have even been hijacked as well. Nevertheless, the prominent explanation of the widespread desistance from drugs is that there were powerful psychological and environmental influences, and benefits, associated with coming home. The description of addictions as diseases has correspondences in the portrayal of adolescent angst and risk taking as neurodevelopmental disorders. Incomplete myelination and underdeveloped prefrontal cortexes can provide plausible explanations but, as Jerome Kagan says, "Under the right conditions, 15-year-olds can control their impulses without having fully developed frontal lobes, [otherwise] we should have Columbine incidents every week" (Satel & Lilienfeld, 2013, p. 206).

The authors are keen to protect what is useful in fMRI research, and they have great hopes for its future. Nonetheless, the utility of this technology depends on the questions that are asked of it. As indicated, neural imaging can show indices of possible predilections, and in highly controlled experimental settings it can also have predictive values. But right now, this is not the most useful level for understanding and responding to people who are a problem to themselves and to others. The effective interventions that are available to us are directed not at the brain but at alterable psychological and social factors and, in these circumstances, the privileging of brain-based explanations (or "neurocentrism") can be a distraction from doing good work. In fact, Satel and Lilienfeld catalogue a number of other problems that arise when the brain takes precedence, and these include overemphasis on pharmaceutical therapies, an overreliance on professional help, pessimism about outcomes, and difficulties in destigmatising problem behaviours. Neuroscience and fMRI are cultural products, and the outpourings of extraordinarily sophisticated individual minds, and it would be both paradoxical and unproductive if we now turned away from these sources and emphases in favour of reductionist and one-dimensional explanations of human behaviour.

Brainwashed: The seductive appeal of mindless neuroscience

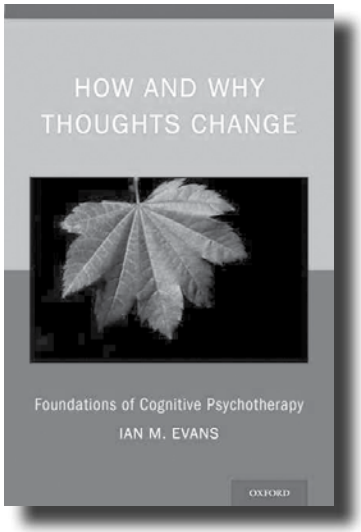
Sally Satel and Scott O. Lilienfeld (2013)

Basic Books. ISBN: 9780465062911

226 pp. Paperback. ($18.93, Book Depository)

How and why thoughts change: Foundations of cognitive psychotherapy.

Reviewed by Dr John Fitzgerald, Senior Lecturer in Clinical Psychology, School of Psychology, Massey University, Wellington.



I was a little surprised to see that this book has not previously been reviewed here, although I should perhaps disclose that I know the author well, as a colleague and friend. Ian Evans will also be known to many members of the New Zealand Psychological Society as a consummate administrator, educator, researcher, and writer. He has been professor of psychology at both the University of Waikato and Massey University, during which time he distinguished himself in each of these settings. He is also a past president of our Society, and was instrumental in many innovations which are still bearing fruit.

Professor Evans has been a prolific writer both within psychology and, more recently, outside of the discipline. The text which is the focus of this review, *How and Why Thoughts Change* is a companion book to the earlier, *How and Why People Change* (2013). However, since moving to semi-retirement in Hawaii, he has authored four novels. I mention the novels because while the material covered

in his various books is very different, the style of writing is pretty consistent. Professor Evans has a very easy, and almost conversational style of writing. The present book is not some dry academic textbook, but is engaging, humorous, enlightening, and well-paced. The author's abiding interest in movies and books is clear with illustrative examples drawn from a wide range of sources. However, these never undercut the serious focus on exploring the fundamental nature of thought and thinking, how these are related to emotions and actions, and considering what 'changing internal narratives' means and how to go about it. While cinematic and literary examples abound, these are interwoven with the explanation of fundamental psychological principles and practice, which make it clear that the author is fully conversant with these.

When outlining the purpose and aims of the text the author states, by way of a full disclosure, that he does not believe that cognitive therapies as currently practiced can or should be separated from behaviour therapy because the former are not sufficient to facilitate permanent change. This contention runs throughout the text, with thought and thinking being systematically paired with action. Where the two complement each other this is highlighted, but so are the inconsistencies when intention (an imagined or proposed action) fails to materialise.

The book is well structured, with the first five chapters focused primarily on addressing the building blocks on which the subsequent consideration of cognitive change will rest. These earlier chapters cover topics such as current approaches to cognitive change within therapeutic settings, exploration of thought and thinking, types of thoughts, and how thoughts and thinking can go awry. After setting the foundations, Professor Evans starts making links, first between thoughts and feelings, and then between thoughts and actions. The core underlying assumption of cognitive therapy is that thoughts evoke emotions. It is further assumed that the two categories of thoughts and emotions are largely mutually exclusive and that the relationship between them is generally unidirectional. Through careful unpicking of thoughts and the connotative meaning of words, we are led to consider that the relationship may work equally well in the opposite direction. The chapter addressing how thoughts lead to actions is equally enlightening, and subtly invites the reader to reflect on the role of behaviour.

The ground broken in the first seven chapters is used to good effect in the final chapters, which cover the author's views on how thoughts may be changed, and how a therapist could go about this in practice. When outlining general principles of cognitive change, we are presented with a range of theoretical considerations. One that is particularly appealing is 'epiphanies', when there is a striking realisation that results in discontinuous change. However, the final chapter itself is somewhat more pragmatic in working through the processes which underlie cognitive change, most of which are focused on the therapist's understanding of thoughts and how they work, and preparedness to support changing internal narratives.

There is no epiphany at the end of the book, and no golden key. However, there is also no sense of being let down because this is a very rewarding text for the reader, and it is both affirming and inspiring. The cover notes suggest that it is a book which will broaden our thinking about cognitive therapy rather than constrain us. I wholeheartedly agree, and I would suggest that any practitioner who is interested in what a client thinks about their situation will benefit from reading *How and why thoughts change*. I would also recommend it to clinical and counselling psychology students, as a foundational text which should be read before they dive into 'hardcore' cognitive therapy.

How and why thoughts change: Foundations of cognitive psychotherapy

Ian M. Evans (2015)

Oxford University Press. ISBN: 0199380848

272 pp. Hardback. ($77.85, Book Depository)

Editorial

Anna Kurek
NZPsS Student Forum Editor

Ariana Krynen
NZPsS Student Forum Editor

Time sure does fly in the world of a psychology student. Between the endless deadlines, all the late nights spent on drafts of this manuscript and that assignment, as well as getting prepared for conferences, it is no surprise many of us have no idea where this year has disappeared to! It's been a busy time for both of us here at the Student Forum as well; Ariana has recently completed her doctorate in clinical psychology, having defended her thesis in August, and Anna is in the very final stages of writing before submitting her PhD. For those also still in the thick of last minute cramming – don't worry, the end is near, and we've been hard at work to bring you this year's final Student Forum just in time for some summer reading.

For this edition, we invited students to share and describe, not only their experiences in the field of psychology, but also how those experiences have shaped their views and opinions of their chosen field and how psychology has expanded their horizons. Jacinda Murphy takes us on her personal journey of how and why she chose psychology for her bachelor's, and how it's proven to be a versatile and asset for her chosen career outside of science and academia. Rachel Drayton discusses her research on sexually diverse youth's experiences with 'Project Youth', a professionally facilitated peer-support programme. Andree Leslie discusses her post-graduate internship with the Ministry of Education's Severe Behavior Services (SBS), and shares findings from semi-structured interviews she conducted with five registered psychologists currently employed with the SBS. Angus Craig discusses his experiences on a 12-week placement in forensic psychology, and shares his views on the MDT model and highlights the multifaceted approach to psychological intervention. Rebekah Graham, co-recipient of the inaugural Postgraduate Psychology Student Social Justice Scholarship 2017, discusses her doctoral research of lived experiences of food insecurity within the context of poverty and finally, Sophia Attwood shares her experience of reflecting on the importance of the research she completed for a Master of Educational Psychology after attending this year's New Zealand Psychological Society (NZPsS) conference. Jessica Gerbic, Karahipi Tumuaki -President's Scholarship winner in 2016, shares some initial findings of her kaupapa Māori research into how young Māori wāhine cope with parenthood

We are also excited to include Katherine Sullivan's poster, which won best student poster presentation at this year's NZPsS conference.

As we say farewell to being psychology students, we also say farewell as editors of the Student Forum. It's been a blast and we hope to see you around in the psychology community! Don't hesitate to drop us a line and say hi!

See you all on the other side!

Anna, anna.m.kurek@gmail.com

Ariana, ariana.krynen@gmail.com

A huge thank you to Anna and Ariana- they have done a wonderful job in bringing excellent student contributions to Psychology Aotearoa. Our warm wishes to both of you in your future psychology careers.

Why a psychology degree prepares you for any career

Jacinda Murphy

What did you want to be when you grew up? A teacher? An accountant? A psychologist? What about a director of cloud transformation? A gene editor? Instagram influencer? Or an augmented reality specialist? The fourth industrial revolution is not only changing the way we live, but creating new opportunities for work and redefining the typical career path. Experts now predict that 85% of jobs that today's learners will be doing in 2030 haven't been invented yet (Institute for the Future & Dell Technologies, 2017). And if the last few decades are anything to go by, we know that the other 15% will evolve due to advancements in automation, artificial intelligence and robotics. With so much uncertainty, how do we possibly prepare ourselves and our children for the future of work? If you were hoping the "5 steps to success" would follow, I'm afraid you're out of luck. Unfortunately, I don't have the answers but by sharing my journey I hope to provide some insight into how I've dealt with this challenge.

One day I was a neurosurgeon performing lifesaving operations; the next a high-flying lawyer with a wardrobe to die for….

I figured out pretty quickly that my, "I don't know what job I'll have after university" answer would not be accepted by our high school careers advisor. While my strategy of choosing subjects I enjoyed and did well in seemed to work thus far, apparently this was not a model I could apply at university. I had to have a defined career path. So, I began exploring, which was surprisingly fun. Each new handout, quiz or career expo had me imaging a different future. One day I was a neurosurgeon performing lifesaving operations; the next a high-flying lawyer with a wardrobe to die for; and the following week, a financial analyst working out of an office in New York City. Having to choose between one of these rather endless options was a daunting task because I knew it would shape my future and the opportunities I would later have in life. So, I didn't choose. I believed strongly that all I needed to do at university was equip myself with skills that would make me employable, and do things that I was passionate about or enjoyed. If I could achieve those two things, I would be successful. Guy Berger, an economist at LinkedIn recently commented that, "a college degree used to slot you into a 40-year career. Now it's just an entry-level point to your first job" (as cited in Long, 2016 p. 1). Instead of asking our children, nephews, nieces, or young students "what do you want to be when you grow up?", we can shift the conversation to focus on how they want to spend their time, what activities they enjoy and what impact they want to have in the world. This will assist them in making those daunting decisions if, and when they need to. My daunting decision became a fluid conversation and because of this, I felt free to experiment and explore. I initially enrolled in a Bachelor of Laws and a Bachelor of Commerce - which didn't last long as I dropped out of law after just six weeks. I was fortunate to have parents who supported my approach and I never felt any pressure to continue with something I wasn't enjoying. I adopted a "fail fast" mentality, saved myself about $20,000 in fees and refocused my energy onto things I was passionate about. Some saw dropping out as a failure, but I saw it as an opportunity for change.

Finishing my undergraduate degrees (psychology and commerce) led to another daunting decision: continue with my psychology study or start applying for jobs in the business sector. After four years in Dunedin, I was ready to upgrade to insulated walls and something more nutritional than pasta bake for dinner. So, I began my journey in the corporate world. I started off in a graduate role, moving around the different areas of the business and then I started in my permanent role with the Digital Ventures team. My newfound career wasn't remotely close to what I had envisioned as a high school student; in fact, it didn't even exist back then. But as I had predicted, equipping myself with a variety of valuable skills enabled me to learn quickly and perform the role well. Interestingly though, it wasn't the business skills I found most useful, but my understanding of psychological theory and concepts that were surprisingly applicable in this real-world environment. I also saw that the same skills could be applied in other corporates or one-man-band start-ups across a range of industries and contexts. Whatever career you're in, or your children, students or family/friends may be looking into, understanding psychological underpinnings could improve the way you, they, and we work. Two areas in which my psychology education has been particularly helpful in my career are with people, as well as the use of data and the scientific method.

People

People are at the core of every business. Employees, customers, suppliers and shareholders - they are all instrumental in ensuring a business is successful; this all comes down to relationships. The relationships employees form with each other and higher levels of management; the relationships customers form with client-facing employees, the relationships that suppliers form with project teams, and the relationships shareholders develop with the CEO and executive team members. Forming great relationships comes down to our ability to build rapport. According to Linda Tickle-Degnen and Robert Rosenthal's research (1990 as cited in MindTools, 2017), when you have rapport with someone, you share three key characteristics:

- Mutual attentiveness: you're both focused on, and interested in, what the other person is saying or doing.
- Positivity: you're both friendly and happy, and you show care and concern for one another.
- Coordination: you feel "in sync" with one another, and share a common understanding. Your energy levels, tone and body language are also similar.

Our team no longer uses [email] open rates as an indicator of engagement; instead looking at individual changes in opening behaviour.

Luckily, I remembered one technique from a lecture in social psychology that I knew would help: mirroring. Mirroring or mimicry is the process of emulating, or copying exactly the behaviours, speech, and characteristics of another individual (Nungent, 2003). This knowledge has helped me understand and connect more with people around the business but it's also forced me to think creatively as to how I can apply principles in new contexts. For example, I was recently managing a project with many stakeholders. For the project to be successful, I knew regular communication would go a long way so I sent around a weekly update email. After a few weeks and questions about the project's status (which I had covered in the emails), I realised that this wasn't working. I asked myself, how do these stakeholders currently behave and how can I mirror this to achieve better communication? Our development team liked to use Slack, a communication channel like Facebook where you can communicate updates on 'channels' or 'pages' and requests through private messaging. This on-demand, always on approach worked well for fixing bugs and ensured we could iterate the product as quickly as possible. Our sponsor on the other hand preferred a weekly phone call update to fit into his tightly-packed schedule. Individual tailoring of these communication methods showed the team that I had taken the time to understand how they liked to work and valued these needs, and in turn they were happier, more productive and the project was executed without a hitch. While the mirroring technique was useful in this scenario, the core principles in understanding individual behaviour in a social context that I learnt about in social psychology has meant I am much more aware of individuals and how they may wish to interact with me. Just as I applied this knowledge in project management, I could have applied it in a teaching setting, as a receptionist booking appointments or as a lawyer.

Data and the scientific method

Data has been described as the "new oil of the digital economy" (Toonders, 2014) so it's not surprising that every business is looking to get their hands on more data. More data about customers, products, competitors and channels. But like the race for oil, we've learnt that even though data may be available, it doesn't mean we have the expertise to successfully extract and understand its application. Because of this, it's critical to apply scepticism when interpreting data and the scientific method - with criticism at its core - helps us to do this.

A classic example from the world of digital marketing is email open rates. This is a measure employed by companies with the goal of understanding the engagement levels of their customers in relation to their messaging, content and products. Say that a company achieves an average open rate of 60% on the emails they send customers, or on average, 60% of their customers open their emails. You might infer that 60% of the customer base is engaged with the content. But what else might be going on? We need to overlay the data with our understanding of email opening behaviours. We all know those people with 0 or 439 unread emails in their inbox. Those who belong to the 0 group open emails as a tool to filter and sort their inbox. Opening an email for this group of people doesn't mean they have engaged or even read the email which makes it nearly impossible to understand accurate levels of engagement from the simple action of opening. Kolowich (2016), a blogger on all things digital describes the "open rate" as a misleading measure. Instead of using its face value (e.g. 60%), it is more useful as a comparative metric, comparing customer's open rates of this week's email to last week's email. Our team no longer uses open rates as an indicator of engagement; instead looking at individual changes in opening behaviour. We now have a better understanding of what content is relevant for different customers, what time of day they like to engage and through which mediums. As a result, our customers are happier as they receive communications that are relevant

to them. Evaluating research papers and journal articles has taught me how to view data, understand the limitations and think of other potential causes for the effect. This analysis helps to pull together a complete picture and understanding of what might be going on.

Equipping ourselves and our children with skills and knowledge that is transferrable across jobs, careers and industries will ensure we are successful.

Data is also critical to inform decision making. As psychologists, we know that decision making processes can be influenced by the use of heuristics and biases which may include individual experiences, perceptions or how decisions are framed. They are often useful, but can lead to some significant biases in our decision making (OpenLearn, 2005). In every business there are a number of decisions that need to be made. These may include; how much money to invest in a product, what marketing channels to use, or how much to charge customers. Data can be used to support a viewpoint or decision to identify a preferred option. This is an influencing technique referred to as logical persuasion. At Google, they've coined the phrase, "good data beats opinion" (Google Agency Blog, 2014), supporting the notion that data tells a compelling story and should be used over one person's intuition or preference to eliminate any potential biases. With this knowledge, every business case I prepare now includes only claims or findings that are supported by data. This approach certainly came in handy when I was having a conversation with a manager who believed a product would be suitable for one target market but our data showed it was the opposite. We could have an objective discussion, I felt more confident challenging his view and we both came to realise that his belief was due to one anecdote. Taking the emotion out of the anecdote allowed us to make the right decision and we moved forward with the appropriate targeting.

As I mentioned earlier, whatever career you're in, understanding psychological underpinnings could improve the way you, they, and we work. I have provided two examples of areas in which I have applied concepts stemming from psychology to my work environment. While we don't know what the future of work will look like, we know that the one constant will be change. Equipping ourselves and our children with skills and knowledge that is transferrable across jobs, careers and industries will ensure we are successful. For me, psychology has been hugely beneficial. And like my journey, enrolling in a psychology degree didn't limit my career path to "psychologist". It opened up more opportunities, gave me a competitive edge and helped me to understand my environment. My journey has just begun and the possibilities are endless, all thanks to psychology.

References

Institute for the Future & Dell Technologies (2017). Realizing 2030: Dell Technologies Research Explores the Next Era of Human-Machine Partnerships. http://www.iftf.org/future-now/article-detail/realizing-2030-dell-technologies-research-explores-the-next-era-of-human-machine-partnerships/

Long, H. (2016). The new normal: 4 job changes by the time you're 32. http://money.cnn.com/2016/04/12/news/economy/millennials-change-jobs-frequently/index.html

Mind Tools (2017). Building rapport: Establishing strong two-way connections. https://www.mindtools.com/pages/article/building-rapport.htm

Tickle-Degnen, L. & Rosenthal, R. (1990). The Nature of Rapport and Its Nonverbal Correlates. *Psychological Inquiry, 1*(4), 285-293

Nungent, P.M. (2003). Mirroring. https://psychologydictionary.org/mirroring/

Toonders, J. (2014). Data is the new oil of the digital economy. https://www.wired.com/insights/2014/07/data-new-oil-digital-economy/

Kolowich, L. (2016). Email Analytics: The 6 Email Marketing Metrics & KPIs You Should Be Tracking. https://blog.hubspot.com/marketing/metrics-email-marketers-should-be-tracking

OpenLearn (2005, October). The psychology of decision making. http://www.open.edu/openlearn/body-mind/psychology/the-psychology-decision-making

Google Agency Blog (2014). Data Beats Opinion: Introducing Think Insights with Google. https://agency.googleblog.com/2011/04/data-beats-opinion-introducing-think.html

Sex, gender and sexual diverse youth's experiences of Project Youth

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A great deal of research has focused on health and wellbeing of the sex, gender and sexual diverse (SGSD) population and has positioned them as a 'vulnerable group' at greater risk of a number of negative health outcomes. The New Zealand Adolescent Health Research Group (2014) found that SGSD youth are at increased risk of sexually transmitted infections, truancy, anxiety, depression and intentional non-suicidal self-harm (Lucassen, Merry, Robinson, Denny, Clark, Ameratunga & Rossen, 2011). Suicidal ideation (World Health Organisation, 2014), internalised homophobia (Craig, McInroy, Austin, Smith & Engle, 2012), homophobic bullying (Clark, Lucassen, Bullen, Denny, Fleming, Robinson & Rossen, 2014), alcohol and substance misuse, reduced peer and family support (Austin & Craig, 2013) and identity issues (D'Augelli, 1994) also contribute to their vulnerability.

Statistics New Zealand Classification (2014) of SGSD or LGBTQIA+ is that sexuality is an expression of sexual identity, behaviour, orientation. Gender identity or expression can include, gender diverse, queer, fluid, trans* male, female and non-binary and may refer to people who identify with a gender that is inconsistent to their assigned sex at birth. Cultural terms are also used in New Zealand such as 'Takatāpui', a Māori word that is now used to encompass all Māori of diverse genders and sexualities that do not conform to a hetero or cis-normative (Kerekere, 2015). 'Fa'afafine' is often used to refer to Samoan male sexed individuals who express feminine qualities (Statistics New Zealand, 2014), these are just two examples.

Individuals with intersecting identities may experience greater challenges to their psychosocial development (Bilodeau & Renn, 2005) than their hetero or cis-normative peers. This is uniquely experienced by minority stigmatised groups that is perpetuated by a dominant culture and is known as Minority Stress Theory (Denato, 2012). This involves conflict between majority cultural, societal expectations and an individual's actual identity. Unlike other minority cultures, SGSD individuals experience greater isolation because their identity is not shared with family or wider community. Consequently, the social and emotional exclusion experienced by this population results in a lack of support or community, stigmatization, and limited coping mechanisms – all of which are important protective factors. SGSD research often categorises these dimensions as separate and exclusive of each other, therefore ignoring the intersecting identities of sexuality, gender (Austin & Craig, 2013) and even ethnicity.

Research is limited that explores how schools and community organisations engage with SGSD youth in New Zealand and which programmes support this population and why. This research explored SGSD youth's experiences of a programme for sexual and gender diverse young people that aims to support them in dealing with identity issues and in their transition to adulthood. Young people's voices are often neglected and they may provide valuable insight in to how these programmes work. Research has found that transitioning to adulthood may be difficult for SGSD youth, and support programmes may help young people with this transition and build resiliency to negative health and life outcomes (Adolescent Health Research Group, 2014). This research sought to understand the experiences of this youth population who attended a community-based programme called Project Youth (PY). The research used a case study design to explore how PY influenced their development and lived experience (Yin, 2013; Stake, 1995). A qualitative research design was used and I drew upon elements of appreciative inquiry, an action research method

(Zandee, 2014; Du Villier & Reed, 2015).

Individuals with intersecting identities may experience greater challenges to their psychosocial development.

PY is a professionally facilitated peer-support programme targeted at SGSD youth aged 13-19 years old within a community organisation. It was developed out of an emerging need for youth to gain access to support because they were experiencing homophobia at home, school and in the wider community. Sessions are a mix of educational content, experience sharing, and activities. Facilitators incorporate video-based resources that have been developed in New Zealand known as 'InsideOut' (Fenaughty & McCardle, 2015). They use a critical pedagogy aiming to normalise diversity, challenge heterosexist assumptions and enhance the development of healthy community attitudes.

The group is linked to a free health support service known as a youth-one-stop-shop. They offer medical and nursing services, sexual health, clinical psychology, counselling, alcohol and drug services, social work, mentoring, parenting support and transition to employment/education programmes. It is free to youth (10- 24 years of age) and is based on a Māori holistic model of healthcare that encompasses the concepts of te whare tapa whā (Durie, 1998) and relationship-based practice. The organisation encourages youth to build trusting relationships with the service over time (Craig, Dentato & Iacovino, 2015). A young person's engagement with the service as a whole improves chances of greater positive health and wellbeing outcomes and creates sustainable change (Munford & Sanders, 2015).

PY is a closed group and access is through either self-referral or from within the service when youth are accessing other services. Pastoral staff in schools, as well as clinical child adolescent mental health services (CAMHS), also refer to the programme. Youth are vetted by facilitators who meet with them to discuss the 'Tikanga' which is a signed agreement about the purpose of the group and expected behaviours. The contract outlines the group purpose, confidentiality and privacy, respect, fun, manaakitanga (ethic of care), group etiquette as well as safety with challenging topics. New members may also be referred by facilitators to a nurse for a psychosocial HEEADSSSS assessment if they present with risk to their overall wellbeing.

PY [Project Youth] provided members with a platform to stay connected through social media which was important for those who no longer attend secondary school.

Eight participants of mixed gender, sexual and ethnic intersecting identities had varying levels of participation in the programme volunteered to participate in a semi-structured interview. The narratives were analysed using thematic analysis (Braun & Clarke, 2006). Some of the participants identified as more than one sexuality and/or gender, and six identified as Māori.

The findings suggest that PY provided participants with a sense of community, a place where diverse youth can share perspectives and provide one another support. The essence was shaped by five key elements or super-themes and their subsequent sub-themes: (1) Tikanga; safety, respect, flexibility, (2) Ako; challenging material, learning about the self, learning about others, skills, (3) Kotahitanga; peer interactions, developmental differences, family, (4) Rangatiratanga; facilitator cultural match and cultural competency, responsiveness, dedication and commitment, and (5) Belonging and Tranformation; connections, wellbeing, identity, agent for change. These themes and the structure of PY are similar to those described in Macfarlane's (2003) 'Educultural Wheel'. Macfarlane (2003) suggests that effective and safe learning environments (for Māori, non-Māori and minority groups) are ones that have cultural values infused within their structure and pedagogy.

Ako, one of the sub-themes, describes youth as having opportunities to share experience, teach and learn communication skills, share critical thinking, and develop and practice a new language to express themselves and bring about change in their lives:

> *"We talk about being queer in a predominantly straight cis like community, environment and world…we talk about the history of gay rights and all that kind of thing and how we can stop all the heteronormativity and make everything more accepting and open"* (female - asexual).

Kotahitanga is the process of unity that makes up the essence of community and is an inclusive approach to ensuring the experience of bonding and the facilitation of group cohesion. PY used kotahitanga to facilitate positive peer relationships through the sharing of food and providing time for the youth to catch up before the session formally starts. Youth anticipated weekly meetings and several expressed there was strong group cohesion, and genuine support and care between members.

The programme offered youth with a place of unity and a supportive family

dynamic:

> *"It kind of felt like there was my little safe haven my little place …where I could be me and everywhere outside of that was…, her, she, daughter so it has like I'd found a home away from home"* (transgender-male).

Youth who attended PY expressed feeling safe to 'try out' their identities and this was important for gaining the confidence to 'come out' to family and friends.

> *"The first time I was able to introduce myself, there wasn't like any questions… nobody said, "oh well you were this person last week, why are you this person now?" it was just there, was just this support"* (transgender male).

They also strongly believed that facilitators needed to culturally match and be cultural competent and responsive to youth developmental needs, demonstrating Rangatiratanga. The participants valued when group facilitators demonstrated commitment to the programme and enabled youth voice to be incorporated in the session planning process:

> *"She is wanting to have our input…I think it is awesome… they are excited to be able to do this for us and spend time trying to think of new ways to entertain us and educate us"* (non-binary/gender fluid).

The final theme was community, which identified that the youth have a place to belong, being SGMY is now a shared experience, where before they felt isolated. Belonging and connecting with other similar people provides validation of one's identity.

With children and young people 'coming out' at an earlier age than ever before, it is important for psychologists to show awareness, knowledge and skills as part of cultural competency.

PY provided members with a platform to stay connected through social media which was important for those who no longer attend secondary school. There was also connect with other youth organisations and build relationships outside of their district such as with Inside Out for the annual shift hui for youth across the country.

Participants experienced the programme as a culturally safe, respectful and a flexible learning environment. Previous studies have also shown that an informal delivery style (Talburt, 2004), a flexible and responsive approach (Craig, Austin & Minroy, 2014) and safety (Gamarel, Walker, Rivera, & Golub 2014) are important aspects of effective programmes. PY also provided youth with appropriate content that challenged them, was relevant, helped them explore their identity and diversity and develop important skills. Research also suggests effective programmes have affirmative and identity validating content (Austin & Craig, 2016) and enhance resiliency (Craig, Austin & McInroy, 2014). PY also provided a context where youth developed social relationships, have their diverse developmental needs met, but it also provides them with an 'alternative family'. Previous evaluations have shown that effective programmes build social and relational skills (Elze, 2006) and provide youth with opportunities to connect and build social capital (Munford & Sanders, 2015). A sense of belonging and community may serve as a developmental protective factor and enhance identity formation (Craig, 2013; Craig & Austin, 2016). Health and wellbeing challenges experienced by this population may be minimised as they are no longer experience isolation and share their identity with other members (Denato, 2012; Yalom & Leszcz, 2005; Gamarel, Walker, Rivera, & Golub, 2014).

This case study provided a deeper understanding about programmes that aimed to support SGSD youth in New Zealand. It has provided insight into how that programme supports youth who have complex needs and intersecting identities. Some considerations for the development of programmes to support this include: maintaining safety of group members, the use of resources, group awareness, the development and maintenance of group cohesion, recruitment of culturally competent facilitators and measuring or assessing the health and wellbeing outcomes for youth. The findings suggest that programmes for SGSD youth can provide them with a sense of community. These initiatives may help improve wellbeing, positive identity formation and provide a sense of social connection and belonging. With children and young people 'coming out' at an earlier age than ever before, it is important for psychologists to show awareness, knowledge and skills as part of cultural competency (Code of Ethics for Psychologists Working in Aotearoa, 2008). Cultural competency is integral to support SGSD to have better access to health services and in creating an inclusive education environment that contributes to positive mental health and wellbeing.

References

Adolescent Health Research Group. (2014). Youth'12: The health and wellbeing of secondary school students in New Zealand. Results for Young People Attracted to the Same Sex or Both Sexes. Auckland, New Zealand: The University of Auckland. Retrieved from: https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/Youth'12%20Young%20People%20Attracted%20to%20the%20Same%20or%20Both%20Sexes%20Report.pdf

Adolescent Health Research Group. (2014). Youth'12: *Transgender Young*

People Factsheet. Retrieved from: https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/Youth12-transgender-young-people-fact-sheet.pdf

Austin, A., & Craig, S. L. (2013). Support, discrimination, and alcohol use among racially/ethnically diverse sexual minority youths. *Journal of Gay & Lesbian Social Services, 25*(4), 420-442. DOI:10.1080/10538720.2013.833067

Bilodeau, B. L., & Renn, K. A. (2005). Analysis of LGBT identity development models and implications for practice. *New Directions for Student Services,* 2005(111), 25-39. DOI: 10.1002/ss.171

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. Retrieved from: http://eprints.uwe.ac.uk/11735/2/thematic_analysis_revised.

Code of Ethics for Psychologists Working in Aotearoa/New Zealand (2008). Retrieved from: http://www.psychologistsboard.org.nz/cms_show_download.php?id=237

Clark, T. C., Lucassen, M. F. G., Bullen, P., Denny, S. J., Fleming, T. M., Robinson, E. M., & Rossen, F. V. (2014). The Health and Well-Being of Transgender High School Students: Results from the New Zealand Adolescent Health Survey (Youth'12). *Journal of Adolescent Health, (0)* 1-7. http://dx.doi.org/10.1016/j.jadohealth.2013.11.008

Craig, S. L. (2013). Affirmative Supportive Safe and Empowering Talk (ASSET): Leveraging the strengths and resiliencies of sexual minority youth in school-based groups. In: Yalom, I. D., & Leszcz, M. (2005). *Theory and practice of group psychotherapy. Basic books.*

Craig, S. L., & Austin, A. (2016). The AFFIRM open pilot feasibility study: A brief affirmative cognitive behavioral coping skills group intervention for sexual and gender minority youth. *Children and Youth Services Review, 64,* 136-144. DOI: 10.1016/j.childyouth.2016.02.022

Craig, S. L., Austin, A., & McInroy, L. (2014). School-Based Groups to Support Multiethnic Sexual Minority Youth Resiliency: Preliminary Effectiveness. *Child and Adolescent Social Work. 30*(4), 87-106. (DOI) 10.1007/s10560-013-0311-7.

Craig, S.L, Dentato, M. & Iacovino, G. (2015). Patching holes and integrating community: A strengths-based continuum of care for lesbian, gay, bisexual, transgender and questioning youth. *Journal of Gay and Lesbian Social Services. 27*(1), 100 – 115. DOI:10.1080/10538720.2015.988317

Craig S. L., McInroy, L., Austin, A., Smith, M., & Engle, B. (2012). Promoting self-efficacy and self-esteem for multiethnic sexual minority youth: An evidence-informed intervention. *Journal of Social Service Research, 38*(5), 688-698. DOI:10.1080/01488376.2012.718194

D'Augelli, A. R. (1994). Identity development and sexual orientation: Toward a model of lesbian, gay, and bisexual development. In E. J. Trickett, R. J. Watts, & D. Birman (Eds.), *Human diversity: Perspectives on people in context* (pp. 312-333). San Francisco: Jossey-Bass. Retrieved from:https://www.researchgate.net/publication/258691916_D'Augelli_A_R_1994_Identity_development_and_sexual_orientation_Toward_a_model_of_lesbian_gay_and_bisexual_development_In_E_J_Trickett_R_J_Watts_D_Birman_Eds_Human_diversity_Perspectives_on_people_in_c

Dentato, M. P. (2012). The minority stress perspective. *Psychology & AIDS Exchange, 37*, 12-15. American Psychological Association. Washington, D.C. (Spring Issue). Retrieved from: http://www.apa.org/pi/aids/resources/exchange/2012/04/minority-stress.aspx

Durie, M (1998) *Whaiora: Maori Health Development*. Auckland: Oxford University Press. Retrieved from: http://www.teara.govt.nz/en/diagram/31387/maori-health-te-whare-tapa-wha-model

Du Villier, T., Reed, K (2015). Focus on the positive: Appreciative Inquiry a research method to consider. *Psychology Aotearoa, 7*(2), 119-123. Retrieved from: http://www.psychology.org.nz/wp-content/uploads/Psychology-Aotearoa-November-2014-for-email.pdf

Elze, D. E. (2007). Research with sexual minority youths: Where do we go from here? *Journal of Gay & Lesbian Social Services, 18*(2), 73-99. DOI:10.1300/J041v18n02_05.

Fenaughty, J. J., & McCardle, A. (2015). Using a norm-challenging approach to support gender and sexual diversity in Years 7-8 and 9-13. http://insideout.ry.org.nz/about/

Gamarel, K. E., Walker, J. N. J., Rivera, L., & Golub, S. A. (2014). Identity safety and relational health in youth spaces: A needs assessment with LGBTQ youth of color. *Journal of LGBT Youth, 11*(3), 289-315. DOI:10.1080/19361653.2013.879464

Kerekere, E. (2012). Takatāpui: Part of the Whanau. *Auckland: Tiwhanawnana Trust and Mental Health Foundation*. Retrieved from: https: www.mentalhealth.org.nz/assets/ResourceFinder/takatapui.pdf

Lucassen, M. F., Merry, S. N., Robinson, E. M., Denny, S., Clark, T., Ameratunga, S., ... & Rossen, F. V. (2011). Sexual attraction, depression, self-harm, suicidality and help-seeking behaviour in New Zealand secondary school students. *Australian and New Zealand Journal of Psychiatry, 45(5), 376-383. doi: 10.*3109/00048674.2011.559635

Macfarlane, A. H. (2004). Kia hiwa ra: Listen to culture: Māori students' plea to educators. Wellington: New Zealand Council for Educational Research.

Munford, R., & Sanders, J. (2015). Negotiating and constructing identity: Social work with young people who experience adversity. *British Journal of Social Work, 45*(5), 1564-1580. DOI:10.1093/bjsw/bcu059

Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: SAGE publications.

Statistics New Zealand (2014). *Gender identity: Developing a statistical standard.* Retrieved from: http://www.stats.govt.nz/~/media/Statistics/surveys-and-methods/methods/class-stnd/gender-identity/stat-std-gender-identity.pdf

World Health Organisation (2014). *Preventing suicide: A global imperative*. Retrieved from: http://www.who.int/mental_health/suicide-prevention/world_report_2014/en/

Yalom, I. D., & Leszcz, M. (2005). *Theory and practice of group psychotherapy. Basic books.*

Yin, R. K. (2013). *Case study research: Design and methods.* (5th Ed.). Thousand Oaks, CA: SAGE publications.

Zandee (2014). In T. Du Villier & K. Reed. Focus on the positive: Appreciative Inquiry a research method to consider. *Psychology Aotearoa, 7*(2), 119-123

How is the role of Service understood

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psychologist at the Ministry of Education Severe Behaviour by schools, families and whanau? A psychologist's perspective.

Context

I am four months into an internship placement at a district office of the Ministry of Education (MoE) Severe Behaviour Service (SBS), as part of a Post Graduate Diploma in Educational and Developmental Psychology. Part of my learning during the internship centres on the psychologist's role in this service. A major part of the role is to work in collaboration with schools; teachers and principals, families, and whanau and support children and young people with challenging behaviour in school. Occasionally, I am asked by schools and whanau to have involvement in areas which are outside the service role and I am interested to know whether other psychologists have had experiences similar to my own around role 'misperception'. As my internship progresses I am gaining more understanding of the role of the SBS psychologist and am better able to explain to teachers and parents what to expect in terms of the work I do. By interviewing other psychologists and presenting the findings in this forum I hope to clarify the nature of the MoE SBS psychologist role for those who sit outside the service.

The interviews

I conducted semi-structured interviews with five registered psychologists currently employed by the MoE SBS. Two of the interview participants completed training in educational psychology in New Zealand; three completed training in South Africa (two in educational psychology, one in clinical psychology) before moving to New Zealand.

Participants responded to open-ended questions about how they perceive the service role and how they think those with whom they work, for example, teachers, principals and whanau, perceive the role. Participants were also asked for their thoughts on how to minimise misperceptions of the SBS psychologist role. Interviews are interpreted according to emergent themes as follows.

Psychologist's perceptions of the role

All participants reported learning about the service role 'on the job'. Some had information prior to starting, for example, from Masters programmes and internship programmes within New Zealand, and from working in other MoE district offices. Two of the participants who completed their training in South Africa, obtained information from international recruitment specialists about educational psychology before arriving in New Zealand. This information was limited in detail and in their view, did not reflect the reality of the SBS role at the MoE. The three South African-trained participants said New Zealand has a stronger emphasis on behavioural ways of practising compared with South Africa and had to adapt to these ways of working while in the role.

Prior to working for the SBS, four participants had expected to work one-on-one with children in the classroom, with one commenting "I thought it would be more hands-on with the kids". Participants who trained in South Africa had expected to work therapeutically with children some of the time. The participant who trained as a clinical psychologist reported being allowed some 'leeway' to use certain clinical skills in the MoE SBS role. When she began supervising other SBS psychologists, it was necessary for her to adopt the frameworks of those she was supervising and 'tightened' the role away from clinical toward more behaviourist frameworks being used by the supervisees.

Another reported the MoE role as "a sliver" of the wider educational scope in which she trained.

All participants reported their role was to work with adults in schools (mainly teachers and principals) to support students with challenging behaviour; they also work to support parents and whanau to some degree. One participant said she cannot imagine doing the work without having parent involvement but that she "holds the child at the centre", meaning all the work with teachers and parents must ultimately meet the needs of the child, not the needs of the adults.

One participant said the role is ever-changing through the acquisition of new understandings of models and ways of working and that the role is collaborative, which is "good for my knowledge and skills". Another reported the MoE role as "a sliver" of the wider educational scope in which she trained. She said this is helpful because it makes her work clear, but also said there may be lost opportunities to work therapeutically.

Two participants described doing work that was outside of, and in addition to, the role of MoE SBS psychologist. One described being 'coerced' into completing a complex

application on behalf of another service, the other participant said she is inclined to "be the helper…I just want to help" and believes this led to her doing things to support schools and families but which sat outside of her service role. Both participants said they have learned much about the boundaries of the role from being in the job and because of this can better gauge where the role begins and ends.

How is the psychologist role perceived by others?

To provide additional funding to schools

The role of the psychologist is to provide practitioner knowledge and skills, sometimes advice and guidance. This usually involves some form of assessment i.e. classroom and/or playground observations, interviews with parents, teachers, and the child or young person and, in consultation with schools and families, the formulation of a behaviour plan to be implemented by schools to support learners who are experiencing behavioural difficulties

One of the recommendations of the behaviour plan may be a need for a Teacher Aide (TA). Additional funding may be provided by the MoE SBS for a TA, to support the implementation of the plan in the learning environment.

All participants spoke of being seen by schools as the "provider of funds" or a "fund gatekeeper" for TA support in the classroom. One psychologist reported making the decision to "not do funding applications" (except in Intensive Wraparound and High and Complex Needs cases). She said it was a difficult decision, not always popular with teachers and principals, but necessary if she is to work using the specialist knowledge and skills she has to offer. In her view additional TA support offers limited solutions in the long term and her time is better utilised helping teachers. Other participants said funding to support behaviour plans is sometimes appropriate but that some schools place too much emphasis on the money and not enough on the behaviour interventions. All participants reported that coming under pressure to apply for funds, sometimes gets in the way of the work they are there to do.

To 'fix' the learner

All participants reported schools and families sometimes perceive a child as the source of the problem and want the psychologist to "fix" the child. One psychologist reported being asked to take the child away (from the school) and bring them back when the problem had been resolved. They said this view reflects a deficit, problem-saturated way of thinking which obscures the child's strengths and limits adults' ability to devise alternative solutions. He sees his work as finding solutions which go beyond the limits of having a TA as "minder" (someone who keeps the child out of trouble in the absence of strategies for positive change).

One participant reported she works around the issue of being the 'fixer' by giving schools and families "insights" into what might be contributing to challenging behaviour.

Another participant said families sometimes expect an educational psychologist to conduct standardised tests in order to diagnose psychological disorders such as attention-deficit hyperactivity disorder and intellectual disability. The psychologists said they have never used standardised tests as part of their SBS work, although occasionally refer for further assessment by a clinical psychologist or psychiatrist if further investigation is necessary.

One participant reported she works around the issue of being the 'fixer' by giving schools and families "insights" into what might be contributing to challenging behaviour. She said if they trust her, they are more likely to listen to the insights and often come up with their own strategies because "if they know the 'why' they can do the 'how'", thus making the role of a temporary TA redundant in many cases.

Factors influencing role misperception

Three participants reported that schools are under pressure to meet the needs of students with challenging behaviour and that school resourcing is limited.

All participants know the challenges faced by schools who work with children with complex, deeply ingrained behavioural and learning difficulties and may sometimes want quick solutions (or 'fixer') for this reason. The MoE SBS psychologist may be perceived by schools as the professional to do this but the psychologists interviewed said the 'quick fix' is not realistic, nor is assigning a TA for a limited period of time without robust behaviour interventions and support strategies.

Two participants reported that teachers' experience of psychologists working with schools is variable and that this can contribute to misunderstandings about what to expect from the SBS psychologist. For example, if SBS psychologists provide for TAs in different ways, it may reinforce varied teacher expectations. Both participants said it is important to be explicit about their role in order that the expectations of schools and parents are realistic.

Participants reported that the term 'psychologist' means many different things to different people. The specifics of the SBS role may be more focused

than is generally perceived outside of the service and may contribute to misperceptions of the role.

Providing clear, comprehensive information to clients about the psychologist role at the start is a critical part of the work in my opinion.

Suggestions for minimising gaps in perceptions

Clear and current information

All participants emphasised the importance of giving clear messages at the start of a case. One participant said in cases where there is a large 'mismatch' between what the child can do and the expectations of the school, family and whanau, it may be more difficult to reach mutually desirable goals because schools and families have high expectations of the psychologist once they begin a case. Sometimes families and schools have been dealing with a difficult situation for an extended period (weeks or months) and are stressed and tired by the time the psychologist arrives. There is potential at these times for the psychologist to be expected to make all the problems stop in a short space of time. This is not a realistic expectation, particularly when the situations are complex, and it is important that the role of the psychologist is clear at the start of the case so there are no misunderstandings. All participants said it is necessary to clearly explain the nature of the service to schools, families and whanau. Some of this explanation comes via the consent process and negotiation of the referral and service agreement but that more information may be needed for schools, families and whanau about what the service entails.

One participant said there is some confusion about the role of the SBS psychologist because of "outdated labels" such as Group Special Education (GSE) and Special Education Service (SES) which are still used by some schools. He said use of the word 'special' is exclusionary and may contribute to misperceptions of the SBS psychologist role, for example that the child is the problem and can be 'fixed' by the psychologist. Use of current labels is therefore important in his view and updating schools on terminology would be helpful.

Additional and repackaged information

All participants suggested some additional material which is simple and clear and which explains the nature of the psychologist role, the nature of the service as a whole and funding frameworks would be helpful for schools, family and whanau.

One participant said, "marketing of the MoE and of the psychologist role" is needed to raise awareness in general of what the service provides. She believes a resource or a booklet is needed which is broad in scope and clearly laid. Another participant said information for psychologists stepping into the SBS role as well as for schools and parents would be helpful. This participant described an all-in-one resource which outlines services provided by large organisations such as the MoE, the Child, Adolescent and Family Service (CAFS) and the Ministry for Vulnerable Children, Oranga Tamariki, as well as information about roles associated with schools, including the Resource Teacher: Learning and Behaviour (RTLB) Service, Special Education Needs Coordinators (SENCOS) and Social Workers in Schools. This participant said, "there are lots of things (services) out there and people have to do a lot of homework to find out what's available". This may contribute to misperceptions of the role of the SBS psychologist which is relatively specific.

Closing comments

The interviews with other psychologists reflect some of my experiences during the internship. A big learning curve for me was finding out about my role at the MoE including who I work with and what that work looks like. I learned about the role of other agencies and where my MoE role fits within a wider system of supports including Oranga Tamariki and the Child, Adolescent and Families Service (CAFS) (among others). Working alongside other agencies has helped me understand where my role begins and ends and why this matters.

Providing clear, comprehensive information to clients about the psychologist role at the start is a critical part of the work in my opinion. People considering doing an internship at the MoE SBS will learn about the role from being in it and will find themselves explaining to others what it is they do, what they don't do, and the reasons why. Be prepared for this and do it well. In my experience it contributes in positive ways to the psychologist/client relationship by building trust and maximises the likelihood that expectations of schools, families and whanau are met. This increases the chances of positive outcomes for children and young people in need of support.

Limitation

The perceptions and opinions represented here are limited to the individuals who participated and are not representative of the MoE or other psychologists and teachers, principals, families and whanau were not interviewed. This is an important consideration. Research by Jane Prochnow (2006) reveals differences in the way various groups (teachers, principals, families, behaviour support specialists) understand barriers to inclusion for

students with challenging behaviour, therefore the 'lens' through which we view situations contributes to what we see and how we understand things. The perceptions of teachers, principals, families and whanau is an area for further enquiry and may reveal important differences in the way the role of the MoE SBS psychologist is understood.

References

Prochnow, J. (2006). Barriers toward including students with difficult behaviour in regular classrooms. *New Zealand Journal of Educational Studies, 41*(2), 329-347.

On combatting negative narratives: can discourses of individuals who commit

Angus Craig

Angus is a 1st year Doctor of Clinical Psychology student at the University of Auckland. For his doctoral research, he is using data from the Growing Up in New Zealand and Auckland Birthweight Collaborative longitudinal cohort studies to investigate the relationship between paternal involvement early in New Zealand children's lives (prior to 3 years of age), and their experience of behaviour and mood issues as they move through childhood and adolescence. Angus is also involved in a study investigating the relationship between callous unemotional traits and emotion regulation among a sample of Auckland youth with high and complex needs. He has a background in Youth Justice, where he spent time working as a residential youth worker. Angus recently completed a clinical placement in a regional forensic psychiatric service in Auckland.

In an occupational climate in which fiscal efficiency is a perpetual guiding principal, there is the ever-present question of what psychology can offer to, or perform within, a multi-disciplinary environment. My recent experience on a 12-week placement within a regional forensic psychiatric service led me to believe that psychological thinking has a unique and vital place in the understanding of individuals who commit offences. It also stimulated me to reflect on what psychological thinking has to offer when it comes to wider social discourses of offending behaviour.

The service in which I completed my clinical placement has multiple wards that each operate on a quintessential multi-disciplinary team (MDT) model in that they each have their own set of professionals from a variety of disciplines who all provide input on the rehabilitation pathways of clients. There is a climate of isolation and autonomy about the service in that its inner workings are hidden from the public eye. This is, in part, due to the high profile nature of their clientele, but it is not unique to the service. I would venture to say that this is universal among residential services, at least those with which I have had contact. I reference it, then, as merely an illustrative example of how a number of services operate; i.e. essentially as small, isolated communities.

The movement and passage of clinical information within this service is highly structured. Information is provided to the MDT by way of official documentation, such as clinical notes to summarise a client's experience of a particular day, which are completed by floor staff who work with clients around the clock. Clinical staff then take action and make decisions based on their interpretation of this information. In theory, this model is highly effective in conveying the details of a client's day-to-day

psychology apply its optimistic voice to broader social offences?

experience within a unit to the professionals who are tasked with optimising the rehabilitative value of this experience. In an ideal scenario, this model works to the exclusive benefit of clients; however, it does have the potential to work to their detriment.

The reality for an MDT within this aforementioned model is that they are reliant on the passage of third party information in what is officially documented in clinical records. Vice versa, floor staff are reliant on the MDT's opinions and interpretations in what is operationalised by way of therapeutic management plans. Consequently, dominant narratives are quickly established and maintained, based on the way clients are perceived by staff on the floor, and what information is transferred between the floor staff and the MDT. This is predominantly advantageous for clients as there is a clear picture of their presentation moving to and from their clinical team, which allows for better understanding by all staff involved and consequently better care. However, in any instance where information must be absorbed by an individual and passed on, there is the possibility for skewed misunderstanding, or bias in such information, before it changes hands. In this case, a dominant narrative may come to poorly reflect a client's *true* presentation and profile of rehabilitative needs. Indeed, from a social-constructivist perspective, a *truth* is merely a belief held by a powerful majority. Therefore, an errant dominant narrative can theoretically become as true as one that is objectively as accurate as possible. This is particularly relevant in isolated services in which there is little external influence on these particular narratives.

The movement and passage of clinical information within this service is highly structured.

Within the service in which I was placed, there is an abundance of complex behavioural patterns. In the case of what is commonly referred to as a 'borderline' pattern, an individual attempts to drive people away, because they do not have the capacity to tolerate vulnerability to others. In the case of the so-called 'antisocial' pattern, one could posit that the function is similar, and that it is merely the means of pushing that is different (i.e. aggression and intimidation). Both archetypes are often unpleasant to interact with, difficult to understand, and can illicit resentment from staff. There is consequently, a risk that this resentment informs (unconsciously or otherwise) on the reported clinical information, and thus the created narrative of a client. It is here I believe that psychological thinking has valuable influence.

When it comes to understanding complex day-to-day patterns and interactions with individuals who have committed offences, it may be that, due to its focus, psychological thinking is uniquely positioned to take a deeper and therefore more balanced view. As psychology trainees, we are taught that there are layers to every behaviour. We learn that there are myriad conscious and unconscious factors that influence how an individual behaves in any given situation and, as ubiquitously as it has form, behaviour has function in eliciting a particular response in others. In warring against assumptions about the person, in looking deeper to explain the 'why' of any act, psychological thinking upholds that the function of behaviour is wholly separate from, and does not define, an individual. As such, it comes from a position of optimism; it works against the development of personal resentment, and therefore works against the development of negative client narratives. I believe that this optimism can be the difference between an effective and ineffective rehabilitative effort.

In the first week of my placement, I was admonished for rephrasing one of my session notes to make it seem more neutral than positive: "If we don't advocate for positivity then who else will?" The objective accuracy of this statement notwithstanding, why is there a perception that optimism and understanding of offending behaviour are not universal? I do not at all believe this is merely an issue of disciplinary scope. I believe the issue is larger; are there, perhaps, elements of our broader social architecture that lead to generally problematic assumptions made about individuals who commit offences?

In trying to answer this question, I am drawn to the concepts of choice and agency. It appears to me that there is a figurative dividing line drawn in our society between 'good' people and 'bad' people, and an assumption made that the choices we make dictate into which category we fall. Under this assumption, offending and negative behaviours must be related to poor choices made by people who, consequently, become "bad". If you're sceptical about this view, look no further than the comments section of any news provider's social media post about an individual who has committed a serious offence. A sobering exercise to say the very least. I believe this dividing line is born essentially

out of collective insecurity and a largely unconscious desire to reinforce a sense of one's own 'goodness' through a process of juxtaposition against another's 'badness.' To this end, it is intuitively simple and comforting for people to separate themselves from those who break laws and harm others based on a distinction between 'good' choice and 'bad' choice. The alternative is frightening to consider i.e. maybe if they had the same set of historical and current circumstances as any 'bad person' in the news, they might offend in a similar way…

When it comes to understanding complex day-to-day patterns and interactions with individuals who have committed offences, it may be that, due to its focus, psychological thinking is uniquely positioned to take a deeper and therefore more balanced view.

Our society, like many in the Western world, is also preoccupied with personal responsibility and it is very easy to hold onto popular ideals such as 'accountability' (a la "do the crime do the time") if a baseline level of agency is constantly assumed. Lastly, I believe that people draw an inherent comfort from the idea that we all have full control of our behaviour at all times, based on the choices we make. Any thoughts to the contrary dabble dangerously in challenging the sacrosanct idea of 'free will'.

For society to contextualise offending and understand the influence of factors, such as poverty or chronic stress, on an individual's ability to choose logically and act rationally, would represent a departure from a pattern of thinking to which we all appear to be fondly attached. Unsurprisingly then, our dominant media narratives tend to reflect this focus and reliance on choice and agency. In my placement period from July to September 2017, I recall at least three articles about serious offences with obvious mental health factors of influence. The level of misunderstanding, fear, and anger expressed in the public response to these articles was excessive. So, are we stuck then? Stuck with long, vile comment threads on articles about serious offences? Stuck with this reductive idea that offending is something done by bad people who make bad choices?

I believe that, if the MDT can be seen as any sort of microcosm of society as a whole, then the answer to those questions is no. If a psychologist in a team can advocate against misunderstanding and war against cynicism, might there be a place for psychology to serve a similar function in the broader social context of Aotearoa? Is there a way that our profession can publicly offer its expertise to support society as a whole in understanding what I see as one of the most challenging parts of the human condition to wrap one's head around? The benefits would be tangible and meaningful with regard to increasing social capital or cohesion. It is widely supported that social cohesion has buffering effects against the negative effects of structural inequality (Uphoff, Pickett, Cabieses, Small, & Wright, 2013), an ever more pressing concern in Aotearoa.

When a complex and impactful political event occurs, experts in the field are visible on a variety of media offering general comment on the relevant concepts in attempt to assist the public in digesting and understanding what has taken place. What would it look like if the New Zealand Psychological Society was a body called upon to provide general discussion and comment on the relevant mental health concepts involved in high profile crimes? It would be a highly charged sphere in which to operate, but would the potential political risk be outweighed by the positives of what could be offered?

It appears to me that there is a figurative dividing line drawn in our society between 'good' people and 'bad' people, and an assumption made that the choices we make dictate into which category we fall.

Offending is something that society as a whole struggles to understand, to tolerate, and to digest without fear. I believe that the role psychology plays in forensic settings, in warring against cynical narratives of individuals who commit offences, provides insight into what positive influence it could have on broader social understandings of offending behaviour. It is my general hope that as a profession moving forward, we are constantly mindful of, and proactive in, exploring the ways in which the promotion of psychological thinking can act in the interest of the greater social good.

Ma te rongo ka mohio
Through sounding comes awareness

Ma te mohio ka marama
Through awareness comes understanding

Ma te marama ka matau
Through understanding comes knowledge

Ma te matau ka ora.
Through knowledge comes well being

Nga mihi nui,

References

Uphoff, E. P., Pickett, K. E., Cabieses, B., Small, N., & Wright, J. (2013). A systematic review ofthe relationships between social capital and socioeconomic inequalities in health: A contribution to understanding the psychosocial pathway of health inequalities. *International Journal for Equity in Health, 12,* 54. doi:10.1186/1475-9276-12-54 [doi]

Food insecurity and social justice in Aotearoa New Zealand

Rebekah Graham

Rebekah Graham is the co-recipient of the inaugural Postgraduate Psychology Student Social Justice Scholarship 2017. This scholarship recognises the valuable contributions to psychology through research and contributions to significant areas of social justice in Aotearoa New Zealand. Rebekah's PhD research considers the lived experiences of food insecurity within the context of poverty. Her thesis highlights that access to sufficient, safe, nutritious food in socially appropriate ways is a human right, and that food insecurity is a produce of inequity and injustice.

Lea (not her real name) lives in a two-bedroom unit with her teenaged daughter. She was diagnosed with a mental illness in her early twenties, and manages her mental health alongside caring for her two children. Her son currently lives with another couple who are able to provide him with the regular meals he needs as an active and growing teen. Lea has been on a benefit most of her adult life. She has found making ends meet increasingly difficult, and finds that she has less and less money to cover basic living costs such as food and power. Subsequently, she subsists on cheap carbohydrates that require minimal power to store and/or cook. The absence of enough nutritional food on a regular basis has a flow-on effect to her medication and her mental health, leaving Lea lacking in energy and struggling to cope.

Lea, a participant in my PhD research, is one of an increasing number of New Zealanders experiencing ongoing food insecurity. Parnell and Gray (2014) describe food insecurity as a situation where "the availability of nutritionally adequate and safe foods, or the ability to acquire such foods in socially acceptable ways, is limited or uncertain." (p.1393). Food insecurity is the product of inequities and injustices baked into societal structures (Dowler & O'Connor, 2012), and tends to occur alongside other forms of socio-economic inequality (Boon & Farnsworth, 2011). Being able to access food in socially appropriate ways is a universal human right (Silvasti & Riches, 2014), one inextricably linked with health and social justice. The prevalence of food insecurity in New Zealand has increased from 28% of households to 41% of households over the past decade (University of Otago and Ministry of Health, 2012). New Zealand-based research consistently finds that access to an adequate diet is a struggle for low income families (Signal et al., 2013; Smith, Parnell, Brown, & Gray, 2013). The absence of enough resources for sufficient food increases social marginalization (Graham, Hodgetts, Stolte, & Chamberlain, 2017) and manifests in tensions and distress (Cox & Black, 2012; McNeill, 2011). Incomes and welfare provision have simply not kept pace with the costs of keeping a family housed and fed (Goldsmith & McNeill, 2012).

The dominant neoliberal narratives surrounding food insecurity emphasise individual responsibility and 'poor choices'. These narratives blame and shame people who are at the sharp end of economic and welfare policies, making the experience of hardship even more difficult. In a society that stigmatises and shames poorer parents who struggle to keep their families fed and housed (van der Horst, Pascucci, & Bol, 2014; Walker, 2014), people living with food insecurity learn to hide their everyday realities from public scrutiny, further solidifying existing neoliberal views. My research contributes to the social justice arena by challenging dominant neoliberal narratives of blame while simultaneously providing alternative accounts of poverty and food insecurity. In doing so I clearly identify the inequities baked into our current economic and political system that contribute to food insecurity and hardship.

Research approach

Specifically, I attended a local community meal for 15 months. During this period I talked and ate with meal attendees over a shared meal. From here I engaged in a series of in-depth interviews with seven households, talking with multiple family members in the domestic space of their home, alongside eating and talking together at the community meal. Research engagements also involved additional participant observations, casual conversations, and extensive field notes, as well as a series of interviews with participating families, including shop-along and

photo-elicitation activities. Talking with people creates in-depth information regarding people's experiences of community meals and food insecurity (Dachner, Gaetz, Poland, & Tarasuk, 2009; Tarasuk & Eakin, 2003). Such conversations are essential for considering the lived experience of hardship and for contextualising the experiences of those in need of food (Dachner et al., 2009; Tarasuk & Eakin, 2003). Taking an immersive, emplaced approach is particularly helpful when working with vulnerable groups and even more so given the context within which food insecurity occurs: punitive welfare, dehumanizing treatment, and social stigma (Musarò, 2013). This context is too often overlooked in research regarding food insecurity (Graham, Stolte, Hodgetts, & Chamberlain, 2016).

The dominant neoliberal narratives surrounding food insecurity emphasise individual responsibility and 'poor choices'.

For the purposes of this article, I draw from the experiences of Lea. Lea is one of seven cases in my PhD research, and each case study (Janine, Sissy, Ginny, Julye, Raywyn, Anna and Lea) offers insights into familial responses to food insecurity associated with poverty that are of significance beyond their personal lifeworlds (Flyvbjerg, 2006). Case studies are particularly useful for understanding human experience in situations of adversity (Jahoda, 1992), and for how broader political, economic and social structures manifest in the lives of actual human beings (Radley & Chamberlain, 2012). This makes them an ideal approach for research such as mine that seeks to produce - and robustly interpret - knowledge regarding urban poverty (Small, 2009).

The reality of food insecurity

Low-income people generally experience reduced access to nutritious food (Crawford et al., 2014). In addition, meeting nutritional guidelines for optimal health is next-to-impossible on limited means (Graham, Stolte, et al., 2016), and is often a lower priority for food-insecure people than filling empty bellies and stretching insufficient funds. In the case of Lea, who we first met at the start of this article, Lea chooses filling, inexpensive items that require minimal power to cook (such as tinned fruit), will last the week without perishing (such as the carton of ultra-heat treated milk, which, while more expensive than fresh milk, does not require refrigeration and will not expire over the course of the week), and can be used to make a complete meal (the bacon-and-egg pies, for example, will create one hot meal per pie). These items (*see Figure 1*) comprise her entire supermarket shop for the week.

Figure 1. Grocery items from weekly supermarket shop

At the checkout, Lea found that she was unable to afford all the items depicted and had to return several tins of food and the bread. The remaining items will barely meet the food requirements for the household. The image of a nearly empty supermarket trolley is evocative of the despair and desperation of people such as Lea who bear the brunt of punitive welfare policies. Lea is also unable to depend on assistance from her wider family network given that they are as 'they're as broke as I am'. Low-income people also experience considerable tensions between family members that relate to stressors of food insecurity. Despite Lea's best efforts, there is tension at home due to their limited diet, with Lea's daughter increasingly frustrated at the lack of available food.

Nestled between a dollar loaf of bread and a tin of home-brand peaches is a small, inexpensive cake. Lea has purchased this as a gift for a recently-bereaved neighbour. Despite not having enough funds to purchase every item in her trolley, Lea retains the cake, delivering it on the way home. This mundane example exemplifies the important social role of food. Being able to host or gift food to others is an essential part of social relationships (Sobal, 2000). Food-related practice is thus more than a simple behavioural response to the need for sustenance (Graham, Hodgetts, & Stolte, 2016).

The supermarket space also materializes Lea's poverty and food scarcity in the midst of abundance. Her meagre purchases make visible her impoverishment to outsiders, leaving her feeling embarrassed and ashamed. Associated experiences of judgement from supermarket staff and some other shoppers make an already difficult task

even more distressing (Carter, Kruse, Blakely, & Collings, 2011). As Lea notes, "it gets a bit embarrassing coming out of the shop with just one packet of something, but I'm used to it". Feelings of shame and stigma rupture a sense of belonging and self-assurance, leaving people feeling unsure and out-of-place (Probyn, 2005). In addition, the moral judgments associated with poverty exacerbate feelings of shame, isolating people from each other and from society (Harrison & Cooley, 2012). Such experiences contribute to a sense of isolation and social exclusion, negatively impacting on psychological well-being (Stewart et al., 2014).

Feelings of shame and stigma rupture a sense of belonging and self-assurance, leaving people feeling unsure and out-of-place.

The community meal

There are increasing pressures on the household budgets of low-income families due to rising living costs (such as housing and utilities), insecure wages and inadequate welfare supports (Cox & Black, 2012; Dale, O'Brien, & St John, 2014). Subsequently, increasing numbers of New Zealanders turning to foodbanks, charitable meals, and homeless shelters in order to feed themselves and their families (McNeill, 2011; Wynd, 2005). The participants in my research frequently have no choice but to rely on the charity of others to eat. Lea walks 45 minutes into the city center in order to access the community meal *(see Figure 2)* where I first met her. Sometimes the food provided at the community meal is her only meal of the day.

Figure 2: The community meal

The community meal also provides more than food. It provides an inclusive community space for otherwise marginalized and excluded people (Wicks, Trevena, & Quine, 2006). The creation of a welcoming space helps to mitigate dehumanizing experiences of exclusion and provides the opportunity to engage in positive social interaction over a hot, filling meal (Graham et al., 2017). This type of social connectedness is a mitigating factor with regard to health, as the deeper and broader an individual's social support networks the more this alleviates the effects of poverty on health and well-being. The community meal provides one example of how a community group can provide a humanizing space that can mitigate experiences of hunger and exclusion (Graham et al., 2017).

While mobilising compassion through charities is currently crucial in order to feed hungry citizens, charity is no substitute for social justice and a more equitable distribution of resources.

Nevertheless, accessing food from charities can be time-consuming, ad-hoc, and does not always result in additional much-needed food items (Gazso, McDaniel, & Waldron, 2016; Hodgetts, Chamberlain, Groot, & Tankel, 2014). Having to access welfare and charity in order to adequately feed themselves can undermine people's psychological well-being (Hodgetts et al., 2014). Additionally, the provision of food by charities does little to addresses the underlying drivers of food insecurity (Whelan & Lindberg, 2012), enabling the government to evade its responsibility to ensure that every citizen has adequate access to food (Poppendieck, 1998; Silvasti & Riches, 2014). While mobilising compassion through charities is currently crucial in order to feed hungry citizens, charity is no substitute for social justice and a more equitable distribution of resources.

References

Boon, B., & Farnsworth, J. (2011). Social exclusion and poverty: Translating social capital into accessible resources. *Social Policy & Administration, 45*(5), 507-524. doi: 10.1111/j.1467-9515.2011.00792.x

Carter, K. N., Kruse, K., Blakely, T., & Collings, S. (2011). The association of food security with pyschological distress in New Zealand and gender differences. *Social Science & Medicine, 72*, 1463-1471.

Cox, A., & Black, R. (2012). *Window on Waikato poverty: Food and Waikato school communities*. Hamilton, NZ: Poverty Action Waikato.

Crawford, B., Yamazaki, R., Franke, E., Amanatidis, S., Ravulo, J., Steinbeck, K., . . . Torvaldsen, S. (2014). Sustaining dignity? Food insecurity in homeless

young people in urban Australia. *Health Promotion Journal of Australia: Official Journal of Australian Association of Health Promotion Professionals, 25*(2), 71-78.

Dachner, N., Gaetz, S., Poland, B., & Tarasuk, V. (2009). An ethnographic study of meal programs for homeless and under-housed individuals in Toronto. *Journal of Health Care for the Poor and Underserved, 20*(3), 846-853. doi: 10.1353/hpu.0.0167

Dale, M. C., O'Brien, M., & St John, S. (2014). *Our children, our choice: Priorities for policy*. Auckland, NZ: Child Poverty Action Group.

Dowler, E. A., & O'Connor, D. (2012). Rights-based approaches to addressing food poverty and food insecurity in Ireland and UK. Social *Science & Medicine, 74*(1), 44-51. doi: 10.1016/j.socscimed.2011.08.036

Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry, 12*(2), 219-245.

Gazso, A., McDaniel, S., & Waldron, I. (2016). Networks of social support to manage poverty: More changeable than durable. *Journal of Poverty, 20*(4), 441-463. doi: 10.1080/10875549.2015.1112869

Goldsmith, M., & McNeill, K. (2012). The case for Universal Basic Income in New Zealand & worldwide. *Pacific Ecologist(21)*, 27.

Graham, R., Hodgetts, D., & Stolte, O. (2016). Dual-heritage households: Food, culture, and re-membering in Hamilton, New Zealand. *International Review of Social Research, 6*(1), 4-14. doi: 10.1515/irsr-2016-0002

Graham, R., Hodgetts, D., Stolte, O., & Chamberlain, K. (2017). Sustaining spaces: Community meal provision and mental wellbeing. In L. McGrath, & P. Reavey (Eds.), *Mental Distress and Space: Community and Clinical Applications.* London, UK: Routledge.

Graham, R., Stolte, O., Hodgetts, D., & Chamberlain, K. (2016). Nutritionism and the construction of 'poor choices' in families facing food insecurity. *Journal of Health Psychology, online.*

Harrison, K., & Cooley, D. R. (2012). *Passing/out: Sexual identity veiled and revealed*. Farnham, Surrey, England: Routledge.

Hodgetts, D., Chamberlain, K., Groot, S., & Tankel, Y. (2014). Urban poverty, structural violence and welfare provision for 100 families in Auckland. *Urban Studies, 51*(10), 2036-2051. doi: 10.1177/0042098013505885

Jahoda, M. (1992). Reflections on Marienthal and after. *Journal of Occupational and Organizational Psychology(4)*, 355-358.

McNeill, K. (2011). *Talking with their mouths half-full: Food insecurity in the Hamilton Community.* (Doctoral thesis), University of Waikato, Hamilton, NZ.

Musarò, P. (2013). Food consumption and urban poverty: An ethnographic study. I*talian Sociological Review, 3*(3), 142-151. doi: 10.13136/isr.v3i3.65

Parnell, W. R., & Gray, A. R. (2014). Development of a food security measurement tool for New Zealand households. *British Journal of Nutrition, 112(*8), 1393-1401. doi: 10.1017/S0007114514002104

Poppendieck, J. (1998). *Sweet charity? Emergency food and the end of entitlement*. New York, NY: Viking.

Probyn, E. (2005). *Blush: Faces of shame*. Minneapolis and London: University of Minnesota Press.

Radley, A., & Chamberlain, K. (2012). The study of the case: Conceptualising case study research. *Journal of Community & Applied Social Psychology, 22*(5), 390-399. doi: 10.1002/casp.1106

Signal, L. N., Walton, M. D., Ni Mhurchu, C., Maddison, R., Bowers, S. G., Carter, K. N., . . . Pearce, J. (2013). Tackling 'wicked' health promotion problems: A New Zealand case study. *Health Promotion International, 28*(1), 84.

Silvasti, T., & Riches, G. (2014). Hunger and food charity in rich societies: What hope for the right to food? In G. Riches, & T. Silvasti (Eds.), *First world hunger revisited: Food charity or the right to food?* London, UK: Palgrave MacMillan.

Small, M. L. (2009). 'How many cases do I need?' On science and the logic of case selection in field-based research. *Ethnography, 10*(1), 5-38. doi: 10.1177/1466138108099586

Smith, C., Parnell, W. R., Brown, R. C., & Gray, A. R. (2013). Balancing the diet and the budget: Food purchasing practices of food-insecure families in New Zealand. *Nutrition & Dietetics, 70*(4), 278-285. doi: 10.1111/1747-0080.12043

Sobal, J. (2000). Sociability and meals: Facilitation, commensality and interaction. In H. L. Meiselman (Ed.), *Dimensions of the meal: The science, culture, business, and art of eating* (pp. 119-133). Gaithersburg, MD: Aspen.

Stewart, M. J., Makwarimba, E., Reutter, L. I., Venstra, G., Raphael, D., & Love, R. (2014). Poverty, sense of belonging and experiences of social isolation. *Journal of Poverty, 13*(2), 173-195. doi: 10.1090/10875540902841762

Tarasuk, V., & Eakin, J. M. (2003). Charitable food assistance as symbolic gesture: An ethnographic study of food banks in Ontario. *Social Science & Medicine, 56*(1), 1505-1515.

University of Otago and Ministry of Health. (2012). *A focus on nutrition: Key findings of the 2008/09 New Zealand adult nutrition survey.* Wellington, NZ: Ministry of Health. Retrieved from http://www.health.govt.nz/publication/focus-nutrition-key-findings-2008-09-nz-adult-nutrition-survey

van der Horst, H., Pascucci, S., & Bol, W. (2014). The "dark side" of food banks? Exploring emotional responses of food bank receivers in the Netherlands. *British Food Journal, 116*(9), 1506-1520. doi: 10.1108/BFJ-02-2014-0081

Walker, R. (2014). *The shame of poverty.* Oxford, UK: Oxford University Press.

Whelan, J., & Lindberg, R. (2012). *Still hungry and homeless*. Parity, 25(6), 1.

Wicks, R., Trevena, L. J., & Quine, S. (2006). Experiences of food insecurity among urban soup kitchen consumers: Insights for improving nutrition and well-being. *Journal of the American Dietetic Association, 106*(6), 921-924. doi: 10.1016/j.jada.2006.03.006

Wynd, D. (2005). *Hard to swallow: Foodbank use in New Zealand*. Auckland, NZ: Child Poverty Action Group.

A novice's experience of the annual conference

Sophia Attwood

Sophia Attwood is a secondary school science teacher who has just been appointed to the role of Resource Teacher for Learning and Behaviour in a West Auckland cluster. Her BSc in Psychology and Chemistry and her Graduate Diploma in Teaching (Secondary) were both completed at the University of Auckland. Sophia is currently completing a Master of Educational Psychology at Massey University. Her thesis investigates the role of Initial Teacher Education (ITE) in preparing secondary school teachers for including students with disabilities. Meanwhile, she is navigating being a young mother and wife. Her goal is to complete an educational psychology internship next year and work in her much loved community of Waitakere.

When I first considered writing an article for this volume I thought I would simply submit a summary of my Master's research. This seemed a straightforward way to get my message out there. Then I attended the 2017 New Zealand Psychological Society (NZPsS) Annual Conference in Christchurch and something stirred inside me. I experienced a rollercoaster of emotions; I came away from the conference feeling both validated and insignificant.

While the research I have completed for a Master of Educational Psychology has been thus far been well received and is important to me, after seeing the calibre of the research being carried out around the country and internationally, I felt rather downcast. I thought to myself: *with all this amazing and important research going on, why does inequality persist in New Zealand? Why do marginalised groups still face unequal access to education and health services?* Why is no one listening to the academics?! My hopes of making an impact were dashed and I was hit with the reality of a neo-liberal society. The entire research process felt inconsequential and pointless.

My rollercoaster of emotions mentioned earlier in response to attending the NZPsS conference began with Dr Phillip Bagshaw's opening address about charity hospitals.

Let us take an interlude at this point so I can tell you a little about myself and the context in which I was motivated to pursue a career as an educational psychologist. I began my career at a West Auckland high school teaching NCEA Level 1 Science Unit Standards and ESOL to predominantly Māori and Pasifika children. I felt frustrated at not being able to help students who were experiencing little success at school. I particularly found it difficult to move from building strong and nurturing relationships, to bringing about engagement with school and academic success. Looking back, I think that my lack of understanding of sensitive and constructive assessment was my biggest hindrance. I had no idea about how to use formal and informal assessment information to guide me in designing learning experiences that would provide my students with the best chances of success. I began to question what as a teacher I should be doing to ensure that the diverse group of learners in front of me would receive equal opportunities to succeed. What were my responsibilities and obligations, both ethical and professional? These questions were always in the back of my mind; and after a two-year stint teaching in England and three years teaching in New Zealand, I was ready to embark on further study to explore these questions. I decided to study beginner teachers' feelings of preparedness to be inclusive practitioners. I wanted to understand the role that initial teacher education can play in preparing teachers to feel capable and confident. I thought that reaching teachers early in their careers would be the most effectual way to transform attitudes.

My rollercoaster of emotions mentioned earlier in response to attending the NZPsS conference began with Dr Phillip Bagshaw's opening address about charity hospitals. His talk resonated with me because I found myself drawing parallels between his experience of the health system and my experience of the education system. That is, two systems that are governed by bureaucracy and managed by people with excellent fiscal skills, but little experience at the coalface. At the end of Dr Bagshaw's address my motivation was bolstered and I was convinced that my research was important and needed. I was pleased that I was exposing a gap in teacher education, just like he spent two decades exposing "unmet need" in the Canterbury health system.

As evidenced by my Master's research, the aforementioned gap I am referring to, is that Initial Teacher Education (ITE) in New Zealand falls short in preparing teachers to meet their obligations to inclusion. These obligations are manifested by the Education Act, United Nations Convention on the Rights of the Child, United Nations Convention on the Rights of Persons with Disabilities, New Zealand Disability Strategy, New Zealand Curriculum, Success for All policy, and Our Code Our Standards. My research reached this conclusion via an online questionnaire sent to secondary school teachers in their first three years of teaching. The questionnaire assessed whether they feel confident to include students with disabilities in their classrooms. Forty teachers from around New Zealand responded.

I was pleased that I was exposing a gap in teacher education, just like he spent two decades exposing "unmet need" in the Canterbury health system.

Findings from my research showed that 64.9% of participants felt that ITE did little or nothing at all to help them develop their knowledge of supports available for students with disabilities. This support included personnel support and knowledge about ways to access funding and resources. A staggering 83.8 % of participants felt that their initial teacher education did little or nothing at all to help them develop their knowledge of local legislation and policy as it pertains to children with disabilities. In fact, 62.2% and 73% of participants felt they had little to no knowledge of the Education Act and New Zealand Disability Strategy, respectively. Perhaps the most disconcerting finding for me was that 73% of participants had little to no experience teaching students with disabilities on practicum during

their ITE. The latter finding made me question whether graduates are entering the profession with a realistic view of what their jobs will entail.

The next emotional upheaval I experienced at the conference was during Dr Damian Scarf's presentation about the importance of social connectedness in increasing resilience in adolescents.

It wasn't all bad news, though. On the whole, graduates felt that their ITE gave them adequate support to plan lessons that enable students to demonstrate their strengths; develop teaching strategies that are appropriate for a diverse group of learners; develop knowledge of language and communication in students; use assessment, monitoring procedures and data for making teaching decisions for a diverse group of students; and understand the key features of an inclusive school.

A series of four follow-up interviews, however contradicted these encouraging quantitative findings. The four participants explained that they felt unprepared to meet the diverse needs of learners present in their classrooms. One participant explained that some of their students simply don't come to class because s/he can't find a way to include them. This raised the question of how much responsibility lies with teacher educators to transform the attitudes of trainee teachers. In other words, what role can ITE play in helping trainee teachers to reconceptualise learning and behavioural difficulties as professional dilemmas that require examination and problem solving?

This question was answered at the NZPsS conference in the form of Dr Suzanne Pitama. Her keynote speech detailed her journey to devise a curriculum that prepares medical practitioners to be culturally inclusive. After 17 years' experience and research, her recommendations for a culturally responsive tertiary curriculum were threefold: first, train the entire faculty; second, share the same language; and third, normalise the inclusive content by integrating it horizontally and vertically throughout the programme. I experienced a sudden moment of clarity, but this was quickly succeeded by feelings of despair and futility. If this is what research suggests is the best way to produce inclusively competent professionals, why isn't this common practice? Why aren't universities doing their utmost to produce graduates that are ready for the realities of their professions?

The next emotional upheaval I experienced at the conference was during Dr Damian Scarf's presentation about the importance of social connectedness in increasing resilience in adolescents. His research validated my drive to pursue the social justice issues related to student inclusion and their sense of identity and belonging. I was once again uplifted and motivated, ready to present my inconsequential findings in the hope that I might elicit a response from a delegate that galvanises attitudinal change.

I expect that as a fledgling educational psychologist I will experience these emotional peaks and troughs daily. I will have to hold on and enjoy the ride.

How young Māori wāhine

Jessica Gerbic

Ko Kopukairora tōku Maunga
Ko Waitao tōku Awa
Ko Mataatua tōku Waka
Ko Ngati Pukenga, Ko Ngati Pikiao, Ko Dalmatian, Ko Irish, Ko Scottish ōku Iwi
Ko Te Whetu O te Rangi tōku Marae
Ko Jess tōku ingoa.

I am completing my Doctorate of Psychology at the University of Auckland working towards becoming a registered clinical psychologist.

Introduction

This article is a summary of my Doctorate thesis findings thus far. My research sought to understand how Māori wahine cope with parenthood from a kaupapa Māori perspective. In the western world teen parenthood has become seen as a social and public health problem (Wilson & Huntington, 2006). The majority of the research compares young parents to wahine who delay the decision to have children later on in life, viewing teen parenthood as an interruption to the normative desired pathway (Clark et al., 2011; Moffitt, 2002; SmithBattle, 2007).

Aotearoa has one of the highest rates of teen pregnancy in the OECD (Daguerre & Nativel, 2006). Māori wahine have the highest rate of teen parenthood. However, the gap is narrowing between Māori and non-Māori. Socio-economic disadvantage has been indicated as a key factor, this

e cope with parenthood: A Kaupapa Māori exploration

finding is broader than the financial disadvantage.

Little research has been undertaken regarding Māori cultural views or Māori approaches to what is now defined as teen pregnancy (Pihama, 2011). Unfortunately, lack of research in this area from a Māori framework has led to teen parenthood being conceptualised and understood outside of a Te Ao Māori frame (Daguerre & Nativel, 2006).

Murupara is situated in the Bay of Plenty. While it was once known as a booming forestry town, more recently its profile has been tarnished by negative media attention focussing on gang violence in the area. Murupara is plagued by high levels of deprivation, according to the NZDep2013 Index of deprivation (created from the 2013 census data).

This research aims to explore wahine's experiences in a rural setting of parenting. Interviews are to be conducted with 12 mothers and 6 community members who work alongside these wahine. The research follows a qualitative Māori approach using values such as aroha ki te tangata (respect for the people participating), Kānohi kitea (meeting face to face), along with ako Māori (learning, teaching, reciprocity) (Bishop, 1998; Smith, 1999) to gather their experiences. The interviews will be analysed using thematic analysis. Analysis thus far of 11 interviews (6 mothers and 5 community members) has indicated some emerging themes.

Themes:

Protective factors

Whanau:

A lot of the mothers and community members shared how whanau can be a big support if the whanau (in terms of parents and siblings etc., not always the partner) was caring and lived locally.

One mother commented:

> *"It was an emotional thing for, but like my dad was really excited, he took me places… he was really happy… buying me everything for my baby… I had a lot of support."*

Tamariki:

The tamariki remain the mother's main priority, and it shows in the way the wahine want the best for their tamariki.

Community members commented:

> *"A lot of them look at their children and say I don't want this for my child. So firstly it's all... they don't mind them getting abuse but if its turns to the children… I am not going to put up with that... So that is a big turning point for some mums."*

Challenges

Housing:

It was reported landlords aren't being held accountable, often the housing services in the area work in favour of the landlords opposed to whanau. Both mothers and community members talked about the impact these houses have on their health – physically and mentally.

Community members comment:

> *"I notice young mothers, pregnant mothers, mothers with children, they want to keep a nice home, the issue I notice is that the home isn't nice, the home isn't fit for a mother and her children with black mould in the corner of the lounge, you know seals on the window are broken, continuous condensation in winter, no fireplace… the problem is the house itself isn't."*

Isolation - Domestic violence:

Isolation for these wahine remains a big issue. Physical isolation of the community (located 40 minutes from Rotorua) and the emotional/social isolation when living with a controlling partner. It is isolation in both forms that maintains intimate partner violence in the community.

This reflected shared experiences of violence:

> *"You know someone was beaten up when they come out with a black eye… people just pretend that it's not important and for some people that's normal… there is also reasons for that. That's all to do with taking away from their maleness and their sense of power and so they had to replace it with another sense of power."*

Roles and financial need:

The role of wahine in the community appears to be a bit of an issue. In regards to mahi, the wahine and community members discussed how work was seen as a man's role. Often the tane see themselves as the provider. Wahine in non-supportive relationships discussed how their partners didn't like them working

I had one mother say:

"I always wanted to go and work. It's just he didn't like me working. He would rather support me and stuff."

Additionally, partners run these wahine down and trample on their mana. This is intensified when they enter into relationships with tane in gangs. These gangs create a blokey environment, where wahine have no role in the gang structure, except to cook, clean and have sex.

Conclusion

Currently, the research findings highlight how whanau and tamariki enhance these mothers' lives. While housing, isolation and the wahine's roles hinder these mothers from thriving. This quote challenges some of the current discourse around teen parenthood and young mothers, by acknowledging intergenerational circumstances

Community member:

"A lot of them don't know what love is, what true love really is, what it looks like, what it tastes like, what it feels like, they really don't but, they love love, love their surroundings, you know making a home… They often can't see past their four walls of what they know, what they've always known…remember these mums at home, their mothers didn't have jobs, their mothers were on the benefit, but they love what they have and they have accomplished everything on their own with the support of you know what's around them whether it's an agency… Whanau…friends…or a partner…bottom line they love what they have."

It highlights the creative ingenuity of the mothers in utilizing available resources. These wahine deserve to be respected for their resilience, to be viewed from a strengths' perspective rather than as a problem to be controlled.

References

Bishop, R. (1998). Freeing ourselves from neo-colonial domination in research: A Maori approach to creating knowledge. *International Journal of Qualitative Studies in Education, 11*(2), 199-219.

Clark, J., Castrucci, B., Fonseca, V., Garcia, I., Samsel, R., & Sullivan, K. (2011). Continuing education mitigates the negative consequences of adolescent childbearing. *Maternal and child health journal, 15*(3), 360-366.

Daguerre, A., & Nativel, C. (2006). *When children become parents: welfare state responses to teenage pregnancy*: Policy Press.

Moffitt, T. (2002). Teen-aged mothers in contemporary Britain. *Journal of Child Psychology and Psychiatry, 43*(6), 727-742.

Pihama, L. (2011). Overview of Māori teen pregnancy. Wellington: *Families Commission* http://www. familiescommission. org. nz/publications/ researchreports/overview-of-m% C4% 81ori-teen-pregnancy

Smith, L. (1999). *Decolonizing methodologies: Research and indigenous peoples:* Zed books.

SmithBattle, L. (2007). "I Wanna Have a Good Future": Teen mothers' rise in educational aspirations, competing demands, and limited school support. *Youth & Society, 38*(3), 348-371.

Wilson, H., & Huntington, A. (2006). Deviant (m) others: The construction of teenage motherhood in contemporary discourse. *Journal of social policy, 35*(01), 59-76.

Health behaviour and weight gain in first-year university students: The role of stress and self-compassion

Katie Sullivan

Katie is a Master of Science student at the University of Canterbury. After completing her honours yeain Psychology in 2010, Katie took a gap "year" (which turned into 6), where she travelled and tried out careers in recruitment and advertising. In 2017 she finally took the plunge and returned to study to begin a thesis under the supervision of her primary supervisor Roeline Kuijer, and associate supervisor Jessica Kerr.

Katie is the recipient of best student poster prize at the NZPsS annual conference, 30 August - 2 September 2017.

See her poster overleaf.

Health behaviour and weight gain in first-year university students: the role of stress and self-compassion

Katie Sullivan, *University of Canterbury*
Roeline Kuijer, *University of Canterbury*
Jessica Kerr (Boyce), *Murdoch Childrens Research Institute (Melbourne)*

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Introduction & Theoretical Background

Freshman (first year university students) are prone to weight gain in their first year, and more so than their non-university peers. However, not every student is prone to weight gain, and weight gain is rarely as extreme as the "freshman 15" (6.8kg).

Stress is a factor that has been implicated in both weight gain and weight loss in student samples (e.g., Boyce & Kuijer, 2015).

Moderating variables can provide insight into under what conditions a person will gain or lose weight while under stress.

A potential moderator is self-compassion. Self-compassion as described by Neff (2003), has 3 underlying factors: mindfulness, self-kindness, and common humanity. Self-compassion has been shown to be a trait-like factor, but is also able to be increased through experimental manipulation and behavioural interventions. In recent years researchers have begun to investigate the effects of self-compassion on health and weight outcomes.

Objectives

- To longitudinally investigate the relationship between stress and eating behaviour (Fruit and Vegetable intake, and Meat/Snack/Fat intake) and stress and weight change.
- To investigate whether trait self-compassion moderates the stress-weight change / eating behaviour relationship. It is expected that students who experience high levels of stress will increase in weight, and report unhealthier eating behaviour over the course of their first year, but that this effect will be more pronounced or only present for those low in self-compassion.

Sample, Design & Methodology

Sample
N= 144 first year university students
Mean Age = 19.02 (SD=3.73)
Sex = 77.1% female
Ethnicity = 75% NZ European, 5.6% Maori, 19.4% other ethnicities

Procedure:
Students completed self-report surveys at the beginning of the university year (Time 1 - March 2015) and again at the end (Time 2 - October 2015). Only students who completed both surveys were included in the final analysis.

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Measures:
- Self-compassion (Time 1): Self-compassion short form scale (Raes et al, 2011).
- Stress (Time 2): combined Perceived Stress Scale (Cohen et al, 1993) and College Student Stress Scale (Feldt, 2008).
- Eating behaviour (Time 1 and 2): Block Fat & Fibre Screener Fruit/Vege, and Meat/Snacks subscales (Block et al, 2008).
- BMI (Time 1 and 2): Calculated using self-report height and weight.

Results

BMI Change and Main Effects:
• On average, students gained 1.57kgs over the year, and average BMI increased significantly from 22.80 to 23.33, $t(142)= -4.73$, $p < 0.001$.

• Fruit and vegetable intake decreased over the year, $t(140) = 4.41$, $p < .001$. Meat/Snack/Fat intake did not change $t(140) = 0.85$, *ns*.

•Stress did not significantly predict change in BMI, Meat/Snack/Fat intake, or Fruit/Vege intake over the year.

Moderation Analyses:
•As expected, self-compassion significantly moderated the relationship between stress and BMI ($p < .05$) (see Figure 1).

•Self-compassion did not moderate the relationship between stress and Fruit/Vegetable intake, or stress and Meat/Snack/Fat intake.

The graph below shows that students with high levels of stress and low levels of self-compassion saw an increase in their BMI over the year. Students with high levels of stress and high levels of self-compassion saw a small decrease in BMI over the year.

Figure 1: Interactive effect of Self-Compassion and Perceived Stress on BMI change

Conclusions

- In line with previous research, students on average experienced weight gain across their first year at university (1.57kgs), but this was not as extreme as the "freshman 15" (6.8kgs) popularised by media. They also reported a decrease in Fruit/Vegetable intake.
- Stress was related to BMI increase, but only for students low on self-compassion. Students high on self-compassion were protected from the adverse impact of stress on their weight.
- The underlying mechanisms by which self-compassion affects the stress-BMI relationship should be addressed. Possible factors include the ability of self-compassion to increase heart rate variability and decrease cortisol (Rockliff et al., 2008), and the influence of self-compassion on a range of other health variables such as exercise, sleep behaviour, and stress management (Sirois, Kitner, & Hirsch, 2015).

Limitations:
The sample was mostly female and NZ European. A more diverse sample is needed to establish whether effects hold across gender and culture.

Key References:
Boyce, J. A., & Kuijer, R. G. (2015). Perceived stress and freshman weight change: The moderating role of baseline body mass index. *Physiology & Behavior, 139*, 491-496.
Neff, K. (2003). Self-Compassion: An Alternative Conceptualization of a Healthy Attitude Toward Oneself. *Self and Identity, 2*(2), 85-101.
Rockliff, H., Gilbert, P., McEwan, K., Lightman, S., & Glover, D. (2008). A pilot exploration of heart rate variability and salivary cortisol responses to compassion-focused imagery. *Journal of Clinical Neuropsychiatry, 5*(3), 132-139.
Sirois, F. M., Kitner, R., & Hirsch, J. K. (2015). Self-compassion, affect, and health-promoting behaviors. *Health Psychology, 34*(6), 661-669.

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Te Pou o te Whakaaro Nui

NZPsS Professional Development for 2018

Below are some events that have been confirmed

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

Presented by Matthew Berry, PhD, AU
A two-day workshop, Rotorua, 19 - 20 February, 9.00am - 4.30pm

Improving outcomes with 'resistant' clients and enhancing motivation to change

Presented by: Matthew Berry, PhD, AU
Nelson 22 February, Dunedin 23 February 2018, 9.00am - 4.30pm

Working with refugees and migrants

A one day workshop coordinated by Ted Wotherspoon
Auckland, 8 March 2018

High conflict separations, parental alienation and emotional abuse: The intersection of family justice and child protection

Presented by: Prof. Nicholas Bala, Canada
Auckland 20 August and Wellington 22 August, 9.00am - 4.30pm

Jubilee Conference, 5-8 September 2018 in Auckland

This will be an event you don't want to miss. There will be many presentations looking back and moving forward.

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