

16-17 August 2025

Kia Piri, Kia Tata -Nekeneke Mai

Ōtepoti, Ōtākou Whakaihu Waka Dunedin, Otago University

Draw Near, Come Close - Take Action!

PROGRAMME BOOKLET 2025

Je AUG, AM

		NZCCP CONFERENCE DAY 1 (16 AUGUST)	DAY 1 (16 AUGUST)	
TIME/ROOM	Archway 1	OBSG02	OBSG17	OBSG19
0800-0830		Missing	Alcohor.	
0830-0600		Opening address	anddress	
0860-0060		KEYNOTE 1 (ARCHWAY); Sandhya Ramrakha	: Sandiwa Ramrakha	
0930-1000		Highlights from the Dunedin Multidiscig	Highlights from the Dunedin Multidisciplinary Health and Development Study	
1000-1030		MORNING TEA (Te Wao Nui)	(Te Wao Nui)	
1030-1100	The Line of the Li	Rachel Booker		
1100-1130	Alison Alexander, Kishion Dee Afiya - A Group to Improve Wellbeing (90min)	rateriningaatahung Jourat Media Iniliterines and Evidence-based Practice (60min)	Tobias Schulze Trauma, Transference, and Symbolic Functioning: Restoring Context and Reflective Functioning Abilities (90min)	Kerry Makin-Byrd
1130-1200	, , , , ,	eanique Willemse		Wise, neice, and render compassion as crucial culticat foot for gifer, shame, and burnout (120min)
1200-1230	Elle Brittain Developing a Kaupapa Mãori behavioural intervention for people with harmful substance use (30min)	renitronoung, tribe as a unitat resource – rroit titelina raining – Systems Repair to Inner Tribe Restoration (60min)	Rachel Booker, Kumari Valentine Psychology, at the Crossroads: A CConversation for Change (30min)	
1230-1300		I I INCHE TEAMAG NAITH	Wasa Nuit	
1300-1330			יינט וענון)	

Te Whare Wānanga o te Mātauranga Hinengaro New Zealand College of Clinical Psychologists

BAUC, PM

		NZCCP CONFERENCE	NZCCP CONFERENCE DAY 1 (16 AUGUST)	
TIME/ROOM	Archway 1	OBSG02	0BSG17	OBSG19
1330-1400		KEYNOTE 2 (ARCHWAY) - To tatou piri*anga mou	KEYNOTE 2 (ARCHWAY) - Evangelene Daniela Wong To tatou piri anga mou - holding our connection	
1430-1500	And Crawford, Kara Te Whata-Maynard	Valerie Tan, Marleen van Oeveren	Co-chairs: Jo Taylor, Sarah Gordon, Kathryn McGulgan, Grant Cooper Presenters: Kulby Meek, Jo Taylor, Sarah Gordon, Hannah Zimmerman,	Kery Makin-Byrd, Giselle Bahr & Kathryn Whitehead
1500-1530	weaving Indigenous and western workovers; cutulatiy responsive initial assessment/ formulation with whânau (180min)	reframing psychotropic Vedication: A Frammacopsychology Approach to Clinical Practice (180m in)	Ance severations, using all cochairs and presenters Discussion Panel. All co-chairs and presenters Lived/living experience of mental distress in clinical psychology research, teaching and practice (180m in)	Loving you'ser and notaing you'work riginuy. Common stumbues in the search for perfectly imperfect therapy (60min)
1530-1600		AFTERNOON TI	AFTERNOON TEA (Te Wao Nui)	
1600-1630			(continued) Co-chairs: 30 Taylor, Sarah Gordon, Kathryn	
1630-1700	(continued) Andi Crawford, Kara Te Whata-Maynard WaavingIndigenousandWestern worldviews;culturallyresponsive initial assesment/ formulation with whānau (180min)	(continued) Valerie Tan, Marleen van Oeveren Reframing Bsychotropic Medication: A Pharmacopsychology Approach to Clinical Practice (180m in)	McGuigan, Grant Cooper Presenters: Ruby Meek, Hannah Zimmerman, Alice Stevenson, Julia Ryan Discussion Panel: All co-chairs and presenters Lived/living experience of mental distress in clinical psychology	Kerry Makin-Byrd An ACT Framework for Addressing Burnout Among Health Professionals (90min)
1700-1730			research, teaching and practice (180m in)	
1730-1800				
1800-1830		NZCUF NGU	NZCUF AGM (UBSGLY)	
1830-1900				
1900-1930		NZCZ COUNCIL N	YEE LING (OBSGLY)	
1930-late		DELEGATES' DINNER (DELEGATES' DINNER (Tühara Otago Museum)	

Te Whare Wānanga

o te Mātauranga Hinengaro New Zealand College of Clinical Psychologists

TAUC, AM

		NZCCP CONFERENC	NZCCP CONFERENCE DAY 2 (17 AUGUST)	
E/ROOM	Archway1	OBSG02	OBSC17	OBSC19
00-0930		KEYNOTE 3 (ARCHWAY): Andi C	KEVNOTE 3 (APCHWAY); Andi Crawford & Kara Te Whata-Mavnard	
30-1000	Collaborating	n cultural & clinical spaces: The development of Whakakotahitan	Collaborating in cultural & clinical spaces: The development of Whakakotahitanga – The Fetal Alcohol Spectrum Disorder (FASD Diagnostic Guidelines for Aotearoa)	lines for Aotearoa)
0501-00		MORNING TEA	MORNING TEA (Te Wao Nui)	
30-1100	Linda Gow Challenging Common Myths about Foetal Alcohol Spectrum Disorder(FASD) (30 mins)	Kahn Tasker, Valerie Tan		Code of Ethics Review Group Revising the CodeofEthics and Code of Conduct for
0511-0		Asian Psychology Collective Aotearoa (60min)	Jennifer Jordan BAT crazy-why we shouldn't underestimate this deceptively simple therapy (90min)	Psychologists in Aotearoa New Zealand: An Opportunity for Discussion and Feedback. (60mlin)
0-1200	Giselle Bahr When Guidelines Fail: Fundamental Problems with the AADPA Guideline for ADHD (90min)	Luke Rowe, Waikaremoana Waitoki, Elle Brittain, Carrie Clifford What do Wakanda and Mãori Psychology have in common? (30min)		Mark Ottley
00-1230		Carrie Clifford Toka Åhun: A Framework to Promote Meaningful Use of Püräkau and Mäori Cultural Practices in Mental Health Setting (30min)	Patterson, T., Hobbs, L., Brown, E., Purnell, M., McKillop, N., Raymond-McHugh, S., & Christensen, L. Understanding the Heterogeneity of Women who have Sexually offended: A Typological Study to Inform Clinical Practice (30min)	rowaria i sychologicar consinence. Omry and integration
30-1300				
00-1330		רחווכא (נו	LUNCH (Te Wao Nui)	

001

1030

093(

-0211

1230

Te Whare Wānanga

o te Mātauranga Hinengaro New Zealand College of Clinical Psychologists

		NZCCP CONFERENC	NZCCP CONFERENCE DAY 2 (17 AUGUST)	
TIME/ROOM	Archway 1	OBSG02	0BSG17	OBSG19
1330-1400		KEYNOTE 4 (ARC	HWAY); Rose Black	
1400-1430		Te Tiriti o Waitangi, Pākehā, Psychology: Cc	Te Tiriti o Waitangi, Pākehā, Psychology: Connections and relationships close to my heart	
1430-1500	Richard Linscott A discussion on the Associate Psychologist role (30min)	Louise Morgan Te Kiwi Mãia Wellbeing Retreats: Supporting wellbeing in NZ service personnel and first responders (30min)		
1500-1530	Ele Porteous	NZ College of Clinical Psychologists	Giselle Bahr Meaningful Choice: 11 things you need to know about antidepressants (90mins)	Siobhan Lockie Rhlati: Toward Cultural Safety and Transformative Action in Palestine (90min)
1530-1600	Therapy with Christian Clients (60min)	Aroha atu, Aroha mai: Apology to Māori working group (60 mins)		
1600-1630		AFTERNOON T	AFTERNOON TEA (Te Wao Nui)	
1630-1700		CLOSING (CLOSING (ARCHWAY 1)	

SESSION ABSTRACTS



Mihi whakatau Opening address

8:00AM -9:00AM

Registration starts at Te Wao Nui at 7.30am; please be registered and settled at Archway 1 by 7.50am if you wish to attend the mihi whakatau.

Sandhya Ramrakha
Highlights from the Dunedin Multidisciplinary Health
and Development Study

09:00AM -

The Dunedin Multidisciplinary Health and Development Study ('Dunedin Study') is one of the most detailed studies of human health and development ever undertaken. It is a study of all the babies born at Queen Mary Hospital, Dunedin in 12-month period in 1972/73 and who were still resident in Otago when followed up at age 3. Since then, study members have undergone assessments every two years until age 15, then at ages 18, 21, 26, 32, 38 and at 45 years. The Study is known for its work in a number of psychological, psychosocial disciplines as well as physical health domains such as respiratory and dental health. Study members come to the Research Unit to undergo a broad range of assessments relating to psychosocial, mental health, behavioural medicine and biomedical research areas. The Study is currently conducting age 52 assessment.

Alison Alexander, Kishion Dee Afiya - A Group to Improve Wellbeing (90min)

10:30AM – 12:00PM

On March 15, 2019, a terror attack in two mosques in Christchurch, New Zealand, killed 51 people and injured many others. As the country's first attack of this kind, its psychological impact was profound. Drawing from prior experience—including postearthquake responses and refugee trauma care— a group programme called "Afiya," was developed. The present work drew on limited existing literature and therapist experience to design a transdiagnostic cognitive-behavioural programme based on core mechanisms of emotional difficulties. The group ran in community settings, with individual assessment before 6 sessions incorporating education, grounding and self-care, cognitive techniques, present-moment awareness, behavioural experiments, posttraumatic growth and the important halal morning tea. Five women's groups (n=25) and two for men were delivered, with results for women presented here. Treatment was well-received and feedback from the group and staff was overwhelmingly positive, highlighting themes of safety, connectedness, reduced shame and improved skills and wellbeing. Wellbeing improved across all measures, and findings demonstrate that an inclusive psychological treatment is feasible and effective for culturally and linguistically diverse women after trauma exposure.





Elle Brittain
Developing a Kaupapa Māori behavioural intervention for people with harmful substance use (30min)

12:00PM – 12:30PM

An important health issue for Māori are the significant harms associated with substance use that affect whānau, hapū, iwi, and Māori communities throughout the nation. Contingency management is a behavioural intervention used with people with harmful substance use with a number of meta-analyses supporting its efficacy. It is cost-effective and has positive outcomes for both initiating and maintaining abstinence from substance use. Despite the robust evidence that supports the efficacy of contingency management, it is not presently offered through any Te Whatu Ora specialist addiction service. There is an established backdrop in Aotearoa NZ for adapting psychological interventions in culturally centred ways for Māori. Similarly, for Indigenous communities globally psychological and interventions have been modified to meet specific cultural needs. In this presentation I will outline the aims of this Health Research Council funded project and provide an overview of the development of a culturally centred contingency management protocol.

Evangelene Daniela Wong
To tatou piri'anga mou - holding our connection

1:30PM – 2:30PM

The development of clinical psychological practices in Moana nui a Kiva is emergent with few practitioners, and no Pacific-based training program. As clinical psychology practice begins to grow and develop with increasing utility and validity, it is important to critically reflect. The Pacific region has been influenced by diverse cultural contexts and traditions, and adoption of Western psychological models runs the risk of missing nuanced cultural and contextual diversities in a resource poor region. The emerging growth of indigenous perspectives - largely evolving out of diasporic contexts highlights the rich wealth of ancestral knowledge. This can led to more cultural approaches that consider local beliefs, values, and social norms. This evolution reflects a growing recognition of the importance of cultural considerations in clinical psychology, and responsivity of clinical psychology in South Pacific contexts - particularly in the absence of evidence bases. In this keynote, I will discuss the role of psychology in regions where psychology is largely unknown, drawing on experiences in service development, community engagement and practice in the Pacific, as well as dialogues occurring in the Austro-Pacific region and the very real threats of climate change and geopolitics in this region.





Andi Crawford, Kara Te Whata-Maynard Weaving Indigenous and Western worldviews: culturally responsive initial assessment/formulation with whānau (180min)

2:30PM - 5:30PM

Andi will discuss how internal and external processes can support clinicians to recognise one's own bias, perspectives, values, privileges, beliefs, and identities, understanding their place within the power dynamics of Aotearoa. She will share how she engages with whānau in ways that create space for self-determination, and how she actively contributes to decolonisation as a responsible Tiriti o Waitangi partner.

Kara will share the historical context to the development of her model of engagement, Ngā Rauru-ā-Māui (The Strands of Māui) and discuss how she has used this approach to initial assessment for the last 10 years, across mental health, child development, forensic, and education settings. Ngā Rauru-ā-Māui is a structured visual approach, supporting clinicians to engage in kōrero/ discussion with whānau and key support people. Whānau voice is at the heart of Ngā Rauru-ā-Māui and whānau and clinicians develop a shared understanding.

Kara and Andi will facilitate two activities: participants will engage in a paired exercise, practicing elements of Ngā Rauru-ā-Māui; participants will also work in small groups to review a clinical report. The applied session will encourage self-reflection, open dialogue, and collaborative learning.



Rachel Booker
Parenting: Balancing Social Media Influences and
Evidence-Based Practice (60min)

10:30AM -

In recent years, social media has significantly influenced parenting practices, often promoting trends that do not always align with evidence-based approaches. This presentation aims to explore the impact of social media within the context of broader societal disruptions on modern parenting. We highlight common challenges and misconceptions we have encountered in clinical practice, and examine new barriers to implementing evidence-based parenting strategies in the social media age. We also discuss balancing parents' autonomous rights with clinical judgement. A framework of evidence-based elements and case examples will be presented.

Jeanique Willemse
Reintroducing "Tribe" as a Clinical Resource — From
Internal Family Systems Repair to Inner Tribe Restoration
(60min)

11:30AM –
12:30PM

This workshop proposes a reflective and experiential invitation to expand therapeutic "parts work" - for example as proposed by Internal Family Systems (IFS) - by integrating the concept of "tribe" as a foundational internal structure. IFS was inspired by systems and family therapy models, which largely emerged from work with nuclear families. As such, the internal structure it models can implicitly reflect a culturally-specific view of family—often Eurocentric and individualistic. The proposal is to expand the felt-sense of Self beyond the internal "parent-leader" toward a more interconnected, co-regulated internal "tribe Self". This aligns with emerging neurobiological perspectives (Siegel, 2020) that view the mind not as confined to the skull, but as a relational and embodied process—a "mwe" rather than a me. Drawing on experience, cultural-historical reflection, trauma theory and an optional imagery exercise, the goal is to stimulate discussion about possible culturally more appropriate models for the human internal structure that honors both our evolutionary social wiring and collective healing.





Valerie Tan, Marleen van Oeveren Reframing psychotropic Medication: A Pharmacopsychology Approach to Clinical Practice (180min)

2:30PM -

5:30PM

This workshop introduces the emerging field of pharmacopsychology and offers clinical psychologists a structured framework for understanding how psychotropic medications interact with psychological processes across the course of assessment, formulation, and treatment.

Participants will be introduced to the Pharmacopsychology of Psychotropic use (PoP) model, which conceptualises the reciprocal influence of medication effects -both therapeutic and adverse - on symptom expression, diagnostic interpretation, psychological formulation, and therapeutic engagement. Through a series of illustrative case studies, the workshop will examine real-world examples of how medication-related variables - such as prescribing patterns, main and side effects of medication, and withdrawal effects - can influence therapeutic decisions and clinical outcomes





Tobias Schulze Trauma, Transference, and Symbolic Functioning: Restoring Context and Reflective Functioning Abilities (90min)

10:30AM – 12:00PM

Trauma has long been recognised for its lasting impact on personality functioning - emphasised by the increasingly utilised diagnosis of Complex PTSD. While many tools and techniques are available to manage traumatic memories, addressing the more persistent effects on a person's deeper sense of self and worldview remains a significant challenge in trauma therapy.

This workshop will propose two essential pathways to healing deeper aspects of personality functioning: 1. A nuanced understanding of the client's presentation and their here-and-now experience as manifestations of the original traumatic dynamic; and 2. Engaging transference as a powerful therapeutic tool to reveal and work through relational repetitions, making them both visible and modifiable within the therapeutic relationship.

Rachel Booker, Kumari Valentine Psychology at the Crossroads: A Conversation for Change (30min)

12:00PM –

Psychology in Aotearoa New Zealand stands at a pivotal moment. Our profession is grappling with seemingly competing demands—between evidence-based practice and cultural responsiveness, between individual treatment and systemic advocacy, between the realities of service delivery and the aspirations of our ethical codes. With growing momentum for change, now is the time to ask: What is working? What isn't? And where do we want to go from here?

This interactive session invites participants to reflect on the state of Clinical Psychology today, share what they value and what they wish to see transformed, and imagine bold directions for the future of our profession and NZCCP. Drawing on our own experiences across clinical, community, and academic contexts, we will explore the tensions, opportunities, and hopes that emerge when psychology is at a crossroads. Our aim is to leave with a clearer, collective vision—and renewed energy for the journey ahead.





Co-chairs: Jo Taylor, Sarah Gordon, Kathryn McGuigan, Grant Cooper | Presenters: Ruby Meek, Jo Taylor, Sarah Gordon, Hannah Zimmerman, Alice Stevenson, Julia Ryan Lived/living experience of mental distress in clinical psychology research, teaching and practice (180min)

2:30PM -5:30PM

This forum will explore the topic of lived/living experience of mental distress in all aspects of clinical psychology. Five presentations based on academic research led by or co-produced with people with lived/living experience explore the barriers and enablers to embedding lived/living experience into clinical psychology training, research, and practice. We advocate a call to action that reflects the value of the involvement of people with lived/living experience of mental distress at all levels of mental health design, delivery, evaluation, and governance, including training and education. Advances in clinical psychology in the UK include mandating lived experience involvement in accreditation standards, a position statement on clinical psychologists with lived experience of mental distress, and guidance on supporting and valuing lived experience in clinical psychology training. We discuss how we might enact this in Aotearoa.

This discussion panel will involve all co-chairs and presenters.





Kerry Makin-Byrd Wise, fierce, and tender compassion as crucial clinical tools for grief, shame, and burnout (120min) 10:30AM – 12:30PM

Compassion empowers people to care for others, soothe themselves, and buffers the impacts of shame, distress, and burnout. Further, active compassion, defined by a recognition of suffering and the urge to alleviate it, can be mapped closely to core flexibility processes common across third-wave behavioural interventions (Hayes, 2011). The aims of this workshop are to: review evidence for brief compassion practices in clinical work, and demonstrate science-based compassion clinical exercises. Workshop participants will complete a compassion assessment, learn clinical exercises, and discuss clinical applications. Ample time will be provided for personal reflection, discussion, and exercise adaptation for cultural and clinical considerations.

Kerry Makin-Byrd, Giselle Bahr & Kathryn Whitehead Loving yourself and holding your work lightly: Common stumbles in the search for perfectly imperfect therapy (60min) 2:30PM - 3:00PM

ACT clinicians are urged to be fluid, responsive, and process-based while nesting their work within interpersonal, intrapersonal processes (Hayes & Hoffman, 2018; Walser, 2019). Phew! It is no wonder that ACT therapists can enact an array of "clinical mistakes" and doubt their own abilities. Nissen-Lie et al. (2017) suggest therapist effectiveness and patient success is maximised when therapists love themselves, while holding healthy professional self-doubt. The aims of this workshop are twofold, first to model humility, self compassion and acceptance of imperfection in clinical practice. Secondly, experiences will be reframed as part of important growth, as clinicians continue to evolve and refine their craft.

Kerry Makin-Byrd An ACT Framework for Addressing Burnout Among Health Professionals (90min)

4:00PM -5:30PM

Clinical psychologists can be important supports for both clients and supervisees who are working to prevent burnout or are already struggling with professional burnout. ACT-informed approaches offer unique and evidence-based supplements to our understanding of burnout itself and to the standard interventions used to treat it (Towey-Swift et al., 2022). This workshop with: provide an ACT framework for understanding professional burnout, review themes and barriers common to helping professionals, share resources, exercises, and education supports for clients.





Andi Crawford & Kara Te Whata-Maynard Collaborating in cultural & clinical spaces: The development of Whakakotahitanga – The Fetal Alcohol Spectrum Disorder (FASD Diagnostic Guidelines for Aotearoa) 9:00AM -10:00AM

Learning objectives:

- Recognise the importance of cultural context within diagnostic practice.
- Demonstrate how culture can be centred within diagnostic guidelines.
- · Provide recommendations for how guideline development processes may be adapted to other environments.

This presentation will outline the process of centring a cultural context within the development of the first FASD diagnostic guidelines for Aotearoa New Zealand. Clear diagnostic tools, specialist knowledge, and skills are required to assess, differentiate, diagnose and identify effective post-diagnostic pathways. Establishing a consistent approach to assessment and diagnosis for FASD within the distinct context of Aotearoa New Zealand is critical and will assist individual, whānau (family) and system levels ,for practice and monitoring.

This project was grounded in Te Tiriti o Waitangi and led by Tangata whenua (people of the land) and Tangata Tiriti (people of the treaty) under the guidance of Hāpai Te Hauora. Te Tiriti o Waitangi framework included, but was not limited to, project leadership, structure, consultation with whānau (families) and professionals and writing the final guideline document. Co-design and refinement was undertaken to develop guidelines in partnership between Tangata Tiriti and Tangata Whenua, to ensure it is appropriate for use in Aotearoa New Zealand and meets the Ministry of Health and Government's commitment to improving outcomes for Māori, health equity, and child health and wellbeing. Central to the project are the values of whakawhanaungatanga (sense of connection and belonging), manaakitanga (to care and be cared for), aroha (giving and receiving love and respect), pono (to be honest), tika (making good decisions), whakamana (to be mana enhancing), kotahitanga (unity working together), rangatiratanga (Māori authority over Māori authority and knowledge), kāwanatanga (governance) and tikanga (respecting and following Māori customs).

The development of these guidelines has a commitment to Kaupapa Māori methodology and exploring Te Ao Māori (the Māori world) models which meet the health needs of all peoples in Aotearoa. Kaupapa Māori theory goes beyond a set of principles; it creates a space where Māori are able to work in ways that are free of cultural constraints. Using this methodology assumes the existence and validity of Māori knowledge, language and culture throughout all areas of clinical practice. This presentation will provide an outline of the guideline's development approach, focusing heavily on project process, including the collating of clinical evidence, stakeholder findings and Critical Tiriti Analysis (Came et al, 2023).

Disclosure of Interest Statement: This project was funded by the Ministry of Health, New Zealand Government. No pharmaceutical grants were received in the development of this study.



Morning tea (10-10:30AM), Lunch (12:30-1:30PM), and Afternoon tea (4-4:30PM) is held at Te Wao Nui

Linda Gow Challenging Common Myths about Foetal Alcohol Spectrum Disorder(FASD) (30mins)

10:30AM -11:00AM

Linda Gow will challenge 20 Myths about FASD and by doing so offer an overview of this brain injury. Linda completed the Post Grad Cert in the Diagnosis and Assessment of FASD at UWA in 2022. The study grant awarded by NZCCP made it possible to complete the training. Linda has since used this learning to complete a number of FASD assessments for both the Youth Court and Oranga Tamariki. FASD is yet to be recognised as a disability in New Zealand.

Giselle Bahr When Guidelines Fail: Fundamental Problems with the AADPA Guideline for ADHD (90min)

11:00AM – 12:30PM

Linda Gow will challenge 20 Myths about FASD and by doing so offer an overview of this brain injury. Linda completed the Post Grad Cert in the Diagnosis and Assessment of FASD at UWA in 2022. The study grant awarded by NZCCP made it possible to complete the training. Linda has since used this learning to complete a number of FASD assessments for both the Youth Court and Oranga Tamariki. FASD is yet to be recognised as a disability in New Zealand.

Rose Black Te Tiriti o Waitangi, Pākehā, Psychology: Connections and relationships close to my heart

1:30PM – 2:30PM

"No one has ever explained how an 1840 treaty has any relevance to a science that took development from 1890 onwards" (Graffiti Board, NZPsS Annual Conference, 1994). To test the relevance, this address will explore how far have we come in understanding the connections between the histories of Te Triti o Waitangi and the colonisation/settlement processes in Aotearoa and the histories and practices of psychology. I will draw on research and the experiences of working as a Pākehā community psychologist over the last 30+ years. While having seen an increased recognition of Māori as indigenous peoples of Aotearoa and Te Tiriti o Waitangi as the founding constitutional document, there has been little progress ingrowing the number of Māori trained psychologists. At the heart of psychological practice, is an understanding of culture, the ways our past, present and future inform our practice. Recognising and deconstructing the systems of cultural dominance, and relational positions of power and authority in the environments and modalities we work within.





Richard Linscott

A discussion on the Associate Psychologist role (30min)

2:30PM – 3:00PM

The University of Otago is considering a proposal to establish an associate psychology programme, with a first intake of students in 2026. The proposal builds on significant opportunity for collaboration with WellSouth Primary Health Network — Hauora Matua Ki Te Tonga to address mental health and addictions needs within the Southern region. This panel will discuss the proposed new scope and training programmes that may cater to that scope.

Ele Porteous
Therapy with Christian Clients (60min)

3:00PM -4:00PM

The 2023 census data identified that 32.3% of New Zealand's population identify as Christian. Many of them will end up in front of a psychologist at some point. However, this is an extremely diverse group with differences in belief systems, experiences within the church, and spiritual experiences. In this session I will briefly introduce attendees to Christianity in New Zealand, discuss ways Christianity and Psychology are aligned, and where they depart, and then focus on practical considerations for working with Christians in therapy. We will discuss therapist self-disclosure, integration of religion/spirituality throughout various phases of work with Christians, and considerations for when there are concerns associated with the client's experience of Christianity. I facilitate this workshop not as an expert in this area, but as someone keen to spark more dialogue in our profession about this topic.

Closing

4:00PM – 4:30PM





Kahn Tasker, Valerie Tan Asian Psychology Collective Aotearoa (60min)

10:30AM – 11:30AM

The APCA is an interest group initiated by a group of Asian psychologists, scholars, and psychology students, including those with whakapapa to East Asia, South Asia, and Southeast Asia. Our primary motivation for connecting is to address racism in the discipline by strategising against the exclusion, marginalisation, and oppression of all things Asian (philosophies, knowledge sources, and communities) within psychology (Tan et al., 2024; Tasker & D'Silva, 2025). Our goal is to advocate for and build meaningful relationships with tangata whenua to expand the capacity for Te Tiriti o Waitangi-centric outcomes in psychology and across all spheres of life. The primary objective is to invite Asian psychology practitioners, researchers, and students to participate in an open dialogue addressing the challenges that our profession faces in clinical psychology.

Luke Rowe, Waikaremoana Waitoki, Elle Brittain, Carrie Clifford What do Wakanda and Māori Psychology have in common? (30min)

11:30AM – 12:00PM

In a time of compounding inequity, mental health strain, and settler-colonial inertia, the need to reimagine Māori and Indigenous futures in psychology has never been more urgent. This presentation offers a data-driven and visionary analysis of the Māori clinical psychology workforce – acknowledging the realities of marginalisation and migration, but lifting toward the possibilities of transformation. Between 2018 and 2023, the absolute number of Māori clinical psychologists rose from 93 to 125, yet Māori have consistently remained only 6% of the clinical workforce. The data for 2024 and 2025 are similarly stagnant. Meanwhile, almost half of all newly registered psychologists were trained overseas. Amidst these challenges, we invoke the metaphor of Wakanda – a (fictional) African nation in Black Panther that resisted colonisation, embraced its own knowledge systems, and thrived through intergenerational leadership, and ancestral connection. What might a Wakanda of Māori psychology look like? A place where Māori psychologists are nurtured from kōhanga to clinical registration, where karakia, whakapapa, and wānanga sit at the centre of theory and practice, where Indigenous excellence is the norm. We gather to reflect, reconnect, and activate our collective potential. The time is now to move beyond reform, toward revolution – toward our own vibranium-rich future.





Carrie Clifford
Toka Āhuru: A Framework to Promote Meaningful Use of
Pūrākau and Māori Cultural Practices in Mental Health
Setting (30min)

12:00PM – 12:30PM

Māori oral narratives, including pūrākau, waiata, whakataukī, and karakia, have long served well-being and functional purposes, transmitting a large amount of culturally rich and practically significant information. Drawing upon research in Aotearoa and the United States, this talk will provide a brief overview of some of the key therapeutic, relational, well-being, and cultural benefits associated with Indigenous storytelling practices. I will introduce Toka Āhuru—a framework to promote the culturally safe and meaningful use of pūrākau and Māori cultural practices in contemporary mental health settings. This talk will cover the five key elements of the framework and highlight important considerations. It will also provide examples of what the use of Māori oral narratives may look and sound like in clinical practice. This talk will foster reflection and decision-making processes around their use in practice and research contexts. It is hoped that this presentation will speak more broadly to how we can successfully weave together clinical psychology and mātauranga Māori in a way that meets the needs and aspirations of Māori communities.

Louise Morgan Te Kiwi Māia Wellbeing Retreats: Supporting wellbeing in NZ service personnel and first responders (30min)

2:30PM -3:00PM

Te Kiwi Māia is a charitable trust founded to provide support services for first responders and service personnel in Aotearoa New Zealand. This presentation provides an overview of the development, delivery and outcome data of retreats provided by Te Kiwi Māia. The presentation will particularly focus on the way in which the retreat program has worked to develop and strengthen a holistic approach to wellness, incorporating te aō Māori, rongoā Māori, collective learning and engagement, body work and movement, psychoeducation, mindfulness tools, and individual therapy sessions.





NZ College of Clinical Psychologists Aroha atu, Aroha mai: Apology to Māori working group (60mins) 3:00PM -4:00PM

In early 2022 leadership in the New Zealand Psychologists Board (NZPB), the New Zealand Psychological Society (NZPsS), and the New Zealand College of Clinical Psychologists (NZCCP) discussed in the Psychology Profession Advisory Forum that an apology to Māori would be appropriate, and was overdue. A working group of members from these groups has been working to develop this.

In this workshop people are invited to contribute to this important work. It would be helpful for participants to have read these documents before the workshop as they have informed the work to date: "Reaching our Highest Peaks" and the WAI claim 2725. In addition, the working group will talk through the journey so far and to explain where we are so far in terms of the apology. The workshop isn't focused on rewriting the apology but will involve brain storming and fleshing out plans for the redress.





Jennifer Jordan

BAT crazy – why we shouldn't underestimate this deceptively simple therapy (90min)

10:30AM – 12:00PM

Behavioural activation treatment (BAT) is an evidenced-based contemporary third wave therapy for depression, which has continued to evolve, since being developed as behaviour therapy for depression. During second wave developments in psychotherapy, behaviour therapy elements became incorporated into Beck's cognitive behaviour therapy (CBT). This workshop will present an update on the status of behavioural activation treatment and why it should be a contender as a first line treatment in a clinical psychologist's toolbox. This workshop will outline our current research with BAT and present case material to illustrate the application of BAT. Strengths and challenges will also be discussed.

Patterson, T., Hobbs, L., Brown, E., Purnell, M., McKillop, N., 12:00PM – Raymond-McHugh, S., & Christensen, L.
Understanding the Heterogeneity of Women who have Sexually offended: A Typological Study to inform Clinical Practice (30min)

Typologies are a way of classifying persons based on characteristics and motivation of offending and are essential to informing clinical treatment of people who commit acts of sexual harm. It is widely recognised that typologies developed for men are not valid for females who sexually offend. The present study addresses a gap by examining publicly available court sentencing notes of Females Who have Sexually Offended (FWSO) in New Zealand, Australia, and Canada (N = 62 FWSO cases) to formulate typologies. Using hierarchical cluster analysis four typologies of FWSO emerged: "Anti-social" motivated by revenge, malice or material gain; "Seeking love" motivated by seeking intimacy and love; "Seeking sexual gratification" motivated to fulfil their own sexual desires; and "Seeking to please others" motivated to please others or win others' affection. The typologies have clinical implications for identifying key assessment and treatment intervention targets for FWSO.





Giselle Bahr Meaningful Choice: 11 things you need to know about antidepressants (90mins) 2:30PM -4:00PM

Antidepressant use is widespread and increasing every year. Despite the requirement that people give informed consent, they are rarely provided with accurate information about the risks and benefits of antidepressants. Comprehensive rigorous summaries are difficult to find, even for clinicians. Moncrieff et al's review (2022) and Ang et al's analysis (2022) are the most recent studies that illustrate some obstacles to identifying and disseminating clear, accurate information about antidepressants. Adopting a fun quiz format, this workshop will provide an evidence-based summary of the risks of antidepressants. A case example will also be used to examine how psychologists can respond helpfully to people's questions and deliberations about them.





Code of Ethics Review Group
Revising the Code of Ethics and Code of Conduct for
Psychologists in Aotearoa New Zealand: An Opportunity
for Discussion and Feedback. (60min)

10:30AM – 11:30AM

The Code of Ethics for Psychologists in Aotearoa New Zealand is more than 20 years old and in 2021 representatives from the NZ Psychologists Board, the NZ Psychological Society, the NZ College of Clinical Psychologists, He Paiaka Totara, and Pasifikology formed a group to review and update it. Some significant changes include:splitting it into a Code of Conduct and a Code of Ethics; ensuring it is responsive to psychologists' obligations under Te Tiriti o Waitangi; updating it to address issues including those that have arisen since the current Code was written. The documents have been shared with psychologists, ethics and law experts, and others through several rounds of review and conference presentations since redevelopment started. Another profession-wide review will occur just prior to this conference. This session is an opportunity for attendees to consider and discuss the latest version of the Codes prior to them being prepared for release as Interim Codes for a year of use prior to its ultimate finalisation.

Mark Ottley
Towards Psychological Consilience - Unity and
Integration (60min)

11:30AM -12:30PM

Dissatisfaction with aspects of psychology training and practice have been widely expressed by professional organisations, psychology communities, and service users alike. Key criticisms of the past decade have included issues of replicability, cross-cultural generalisability, problematic categorical diagnostic systems, and the fragmentation of psychological knowledge. In response, varying visions and models have been proposed and contested. Rather than choosing between competing models, this presentation advocates for a consilient approach based on fundamental structural commonalities between leading psycholexical, cross-cultural, biological, psychopathological, and functional perspectives. Participants will be invited to reflect on how their current practice fits with leading perspectives on hauora (health), psychopathology, and intervention.





Siobhan Lockie
Rihlati: Toward Cultural Safety and Transformative
Action in Palestine (90min)

2:30PM – 4:00PM

Cultural safety, as described by Irihapeti Ramsden (2015) and expanded by Curtis and colleagues (2019, 2025), requires health professionals to examine themselves and the potential impact of their own identities and culture on their practice. As a young Pākeha female-presenting clinical psychologist, raised in a context of colonisation and Western values, and providing psychological care in humanitarian emergencies, cultural safety as an essential element of practice. This workshop offers an immersive and reflective educational experience in cultural safety based on my work for Médecins Sans Frontières (MSF) in Palestine; outlining my process of critical consciousness, critical praxis, and critical appraisal of my actions in the field.

This workshop aims to increase each participant's self-awareness toward a place of cultural safety, whilst modelling my own journey working in a humanitarian emergency in Palestine. It invites participants to consider their responsibilities in their context, while appraising my actions in my humanitarian work, with the aim of advancing cultural safety through reflective practice, transformative action, and solidarity with communities facing systemic oppression.





Posters will be on display at Te Wao Nui, and presenters will be on hand to discuss their posters at afternoon tea.

Keith McLeod, Nicholas Bowden, Hiran Thabrew, Kate Truman, and Marion Maw

The Great Unknown: Characteristics of people with OCD who have accessed mental health treatment in Aotearoa | New Zealand

Fixate is a Facebook-based community for people living with OCD or supporting someone experiencing OCD in Aotearoa I New Zealand (NZ), Within Fixate, accounts of barriers to diagnosis and OCD-specific psychological treatment are common. Using the Integrated Data Infrastructure (IDI), 5,559 were recorded as having OCD (18.1 per 10,000 people). Accessing public secondary health services is likely to be a proxy for more severe and/or complex psychological disability and many people in this cohort had other mental health and related conditions (78.8%). The rate of OCD per 10,000 people differed by ethnicity; the rate of OCD per 10,000 people also differed by the geographic divisions of the public healthcare provider Health NZ which persisted following standardisation for age, sex, ethnicity and urban vs rural residence. These disparities in the rates of recorded OCD diagnoses suggest inequity of access to public secondary healthcare. Other studies suggest that the twelvemonth prevalence of OCD is around 1-2% i.e. 100-200 per 10,000 people. Unfortunately the IDI datasets do not currently encompass public primary health services nor private health providers and so cannot provide insight into individuals who access those forms of care.

Chris Linton Exploring Māori-Centred Aftercare Services for Men

Background: In Aotearoa New Zealand, Māori men are disproportionately represented within the criminal justice system. Additionally, significant barriers exist for these men with regard to their rehabilitate and reintegration. Thus, services designed to improve these rehabilitation and reintegration processes are vital. Aims: This research aimed to evaluate an aftercare service integrating Māori perspectives into the service to support men with substance use issues and offending histories. Results: Results found that staff who prioritised individualised approaches that fostered autonomy and relationships were critical to effective service delivery. Service-users reported the use of cultural safety practices as mana-enhancing (affirming self-worth). Results also showed that service-users demonstrated high holistic wellbeing (Hua Oranga), with strongest scores in taha hinengaro (mental health). Taha wairua (spiritual wellbeing) showed the strongest correlations with overall wellbeing and self-control. Participants displayed moderate self-control and active gang distancing, particularly among non-affiliated individuals. Conclusions: These findings demonstrate that embedding Māori values in aftercare services effectively promotes recovery and could be a step in the right direction to address inequities.





Posters will be on display at Te Wao Nui, and presenters will be on hand to discuss their posters at afternoon tea.

Hannah Kennedy-Smith, Michaela Pettie, Alison Miller, Isabel Ayora, Emma Vlasiuk, Elizabeth Chernysheva, Laura Thornton, Cynthia Bulik, Martin Kennedy, Jennifer Jordan The Eating Disorders Genetics Initiative (EDGI) study in New Zealand - who came forward to participate?

Eating disorders (EDs) such as anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorder (BED) are complex conditions shaped by both genetic and environmental factors. The Eating Disorders Genetics Initiative (EDGI) is an international collaboration aiming to deepen our understanding of EDs. The NZ arm of EDGI aimed to recruit thousands of New Zealanders aged 16+ years with a lifetime history of AN, BN, or BED, collecting detailed demographic and clinical data through online surveys, alongside saliva samples for genetic analysis. Over 5000 participants provided survey data, with nearly 3500 also submitting saliva samples. Recruitment success varied by gender, ethnicity, primary ED diagnosis, region, and recruitment channel. Based on the success of EDGI recruitment, the collaboration received funding for an extension study - EDGI2. This next phase has broadened recruitment to include another 2000 participants and now includes Avoidant/Restrictive Food Intake Disorder (ARFID) as well as AN, BN and BED. By better understanding who takes part, and refining recruitment strategies, we aim to build a more inclusive foundation for genetic research into eating disorders.

Alison Alexander, Helen Colhoun, Sarah Mitchell, Liam McKenny, Laura Bates, Claire Gilbert No Time To Wait -The Anxiety Service Waitlist Project

The Anxiety Disorders Service (ADS) is a hospital-based service that aims to treat the most severe 3% of adult anxiety disorders in the Canterbury region. Individuals with a single diagnosis of OCD, Social Anxiety, or PTSD receive disorder-specific treatment, while the Anxiety Group treats all anxiety disorders including comorbidities. ADS's waitlist grew due to staff vacancies, funding losses, COVID-19, and increased training needs. Staff capacity to assess was compromised, causing insufficient group sizes and longer wait times. The aim is to test a new service flow to reduce wait times, shorten service duration, maintain or improve treatment effectiveness compared to treatment as usual (TAU), and assess acceptability. We found that recruiting from the waitlist was feasible, with treatment delivered more efficiently and effectively. The new service flow is now embedded and expanded to include social anxiety and OCD groups, showing promise for other services managing waitlists.





Posters will be on display at Te Wao Nui, and presenters will be on hand to discuss their posters at afternoon tea.

Monique Cranko, Caroline Bell, Helen Colhoun,, Frances A Carter, Virginia VW McIntosh, Christopher MA Frampton, Jennifer Jordan

Predicting avoidant coping in a continuing earthquake context in those with posttraumatic stress

Most will experience significant distress following exposure to trauma events, but a minority will meet criteria for post-traumatic stress (PTS). Pre-existing factors, extent of trauma exposure and peritraumatic beliefs may all influence how individuals cope with traumatic experiences. Avoidant coping, including alcohol use, has been identified as a perpetuating factor of post-traumatic stress. Better understanding is needed regarding factors which influence avoidant coping in those with PTS to provide appropriate treatment to reduce the duration of PTS. This study investigated the predictive value of pre-existing factors and earthquake-related factors (extent of exposure and peritraumatic beliefs) on subsequent avoidant coping, including changes in alcohol use, in those with PTS seeking treatment after the Canterbury earthquakes. In an active earthquake context, alcohol use was used less as a coping strategy by those with PTS. Treatment addressing avoidant coping is especially important in those with pre-existing risk factors who are exposed to high trauma exposure.

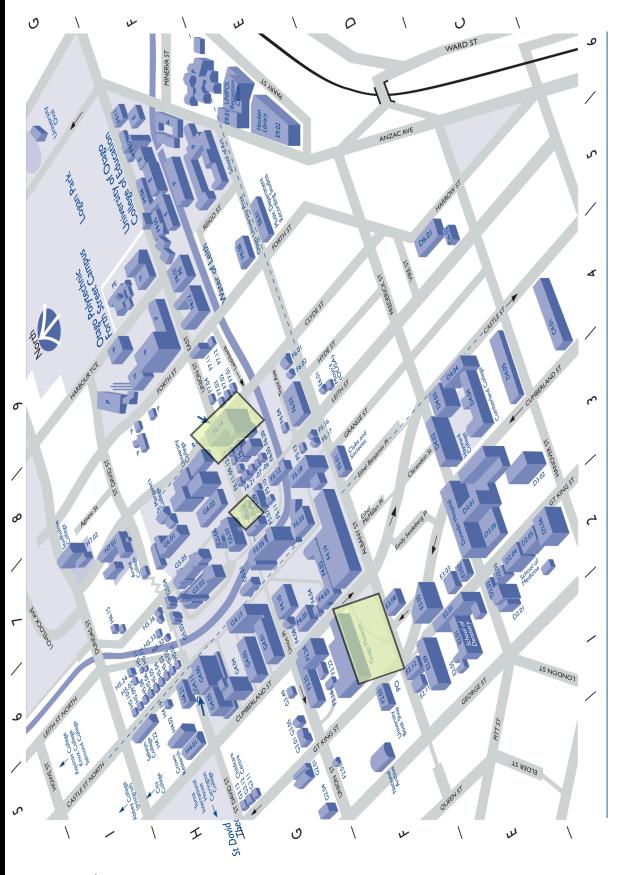
Jennifer Jordan, Hannah Kennedy-Smith, Michaela Pettie, Alison Miller, Isabel Ayora, Emma Vlasiuk, Elizabeth Chernysheva, Laura Thornton, Cynthia Bulik, Martin Kennedy

Managing safety concerns in an online survey

Eating disorders (EDs) have significant medical and psychiatric comorbidity, including mood disorder (and elevated suicidality). The Eating Disorders Genetics Initiative (EDGI) collected deep phenotypic information, and saliva samples for genetic analysis. For the EDGI-NZ online survey, those endorsing suicidal ideation "nearly every day" received a pop-up message expressing concern about their wellbeing, with encouragement to seek help from listed sources of support. Our ethics approval however also required us to contact this group to ascertain their safety. Of 5000+ participants, 366 endorsing near-daily suicidal ideation were contacted to assess risk and need for assistance. Almost all were already in treatment, with many describing chronic suicidal ideation. Most expressed surprise but gratitude for the check-in, with several reassuring us that there was no imminent risk. Only seven required further advice about accessing more assistance for mood or EDs.



KEY LOCATIONS AT OTAGO UNIVERSITY



F5.08: Archway 1

F6.14: Otago Business School, where Te Wao Nui, OBSG02, OBSG17 and OBSG19 can be found

Otago Museum: dinner location on 16 Aug





Here is a quick guide to help you orientate yourself with various locations of the conference. Do note that this is only one way to find these locations, as there are multiple entry points to Otago University.

From Otago Museum (on Cumberland St North), you will turn right to Union St and follow the road until you enter the university. All locations of interest are along Union St, staring with Archway (you won't be able to see Archway 1 but should be able to see Archway 4); then Otago Business School (it's a new building). Both buildings will be on your right. There will be an entrance to Te Wao Nui from Union St.



Internet Access

UO_GUEST is the network available for use by visitors to the University of Otago who do not have eduroam access, and provides internet access.

To access the UO_GUEST network:

- 1. Select the UO_GUEST network from the list of available networks on your device. A webpage should open automatically with the login screen. If it doesn't, open a web browser manually and the page should open.
- 2.Click on the Don't Have an Account? link on the login screen and follow the prompts to create a new account. If you already have an existing UO_GUEST account, enter your login details here. You will be required to provide a working email address and contact phone number.
- 3. Your UO_GUEST credentials will be emailed to the account provided. You will need to be able to access your email to collect your password. Once you have received your username and password, click the Sign On button.
- 4. You are required to read and accept the University network regulations. You will be unable to access the internet until this is done.
- 5. After you click Accept you will be redirected to the ITS Visitor Network Access page, and you should now be able to access the internet.



NZCCP
Waiata:
PAE TŪ,
PAE ORA

This song was composed on 13 July 2017 specifically for the New Zealand College of Clinical Psychologists. The words contain the College's tagline as follows: 'Pae Tū, Pae Ora: Living today, Thriving tomorrow'.

Pae Tū refers to the importance of one standing strong in the present moment like the great orators on the Paepae (living today); Pae Ora refers to the idea that from standing strong, future prospects are healthy and plentiful (thriving tomorrow). Thus the lyrics that follow below form the composition.

Pae Tū, Pae Ora e Ko ngā pū, ka tū i te tū o Tū Ka puta, ka ora nā ki te tōnuitanga e Pae Tū, Pae Ora e Living today, Thriving tomorrow Great orators stand strong like Tū Resulting in wellbeing for a prospective future Living today, Thriving tomorrow

Members should familiarise themselves with the lyrics if they are keen to join in, as referring to a lyrics sheet is not encouraged. This waiata is one among others that might feature in the mihi whakatau.

For a recording of the waiata, <u>please click here</u>.





WAIATA TAUTOKO

Te Aroha has been selected as the waiata tautoko to be sung during the mihi whakatau. A copy of the lyrics as well as recording can be found below:

Te aroha Love
Te whakapono Faith
Me te rangimarie Peace
Tātou, tātou e For us all

For a recording of the waiata, please click here.

