

A GUIDE TO
**TALKING
THERAPIES**
IN NEW ZEALAND



Published in August 2009 by Te Pou o Te Whakaaro Nui
The National Centre of Mental Health Research, Information
and Workforce Development.

PO Box 108-244, Symonds Street, Auckland, New Zealand

ISBN 978-1-877537-51-6.

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Disclaimer

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Acknowledgements

Many organisations and individuals were involved in the development of this guide. This included the National Association of Mental Health Service Consumer Advisors. We thank them all for generously giving their time.

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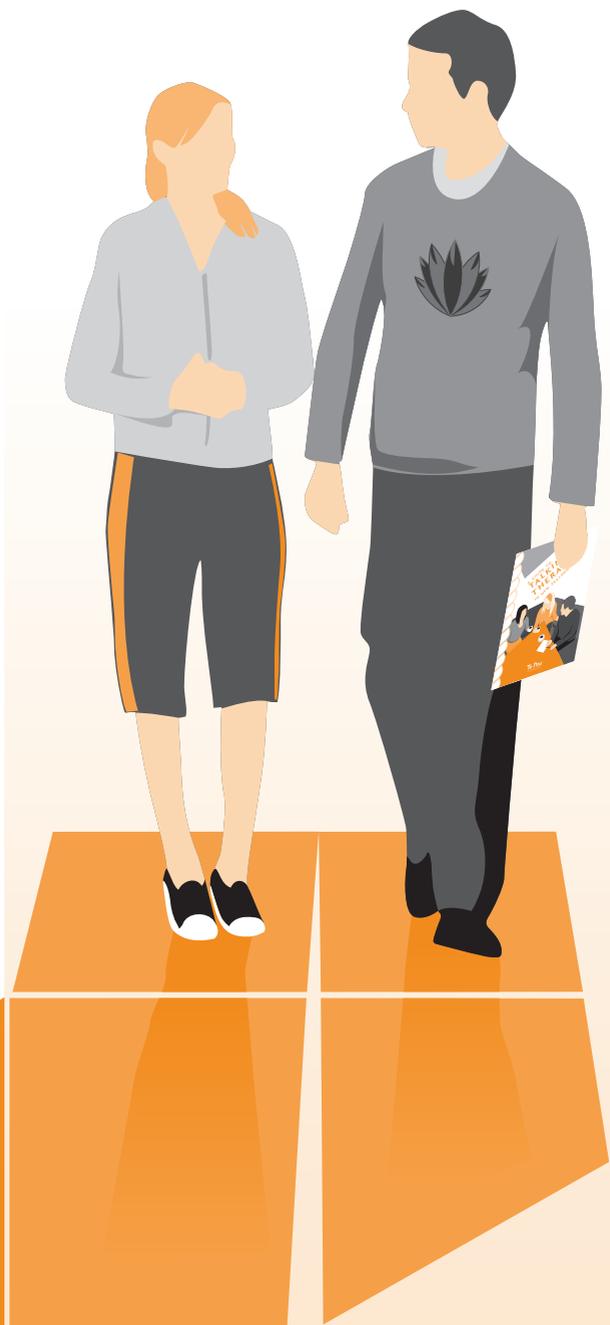
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Contents

1. What's this guide about?	3
Who is this guide for?	3
What is a talking therapy?	3
Who do talking therapies help?	4
Why should I see a therapist?	5
Who gives talking therapies?	7
What's it like to have talking therapy?	8
How do I find a talking therapist?	8
2. Working together – you and your therapist	13
Why is the relationship important?	14
What is the therapist's role?	14
What can I do to get the most out of therapy?	15
Will I have the same therapist each session?	16
What if we don't get along?	17
What are professional boundaries?	17
Tips for your first session	19
Confidentiality	19
3. Talking therapies used in New Zealand	21
What do the different talking therapies help with?	22
Counselling	25
Bibliotherapy	29
Cognitive behavioural therapy	32
Computerised cognitive behavioural therapy	36
Family therapy	39
Motivational interviewing	44
Psychotherapy	49
Psychotherapy with children	53
Dialectical behaviour therapy	58
Interpersonal psychotherapy	62
Problem solving therapy	65
Multisystemic therapy	69
4. Further information	75
How do I check my therapist is qualified and registered?	75
What if my therapist crosses professional boundaries?	77
How do I give feedback on my therapist?	77
References	79



1. What's this guide about?

Who is this guide for?

This guide is for everyone who would like information about talking therapies used in New Zealand.

What is a talking therapy?

Talking therapies can help us understand and make positive changes to our thinking, behaviour, feelings, relationships and emotional well-being.¹

Talking about our thoughts, feelings and issues is an important way of dealing with them. Our friends and family/whanau can often help us, but sometimes we may need the help of a professional therapist. Therapists are trained to listen carefully and they will help you to find your own answers.

There are many kinds of talking therapies used in New Zealand. Counselling and psychotherapy are probably the most widely known. The therapies in this guide have been included because there is good evidence that they work for many people.

Research has shown that these therapies help people bring about the changes they want in their lives. Talking therapy may be the only help you need to resolve your issues or it may be recommended as part of your treatment plan.

1 – Te Pou, 2007; Mental Health Foundation UK, 2009; National Health Service Scotland, 2008;

This guide uses the term talking therapies.

Talking therapies are also known as:

- therapy
- psychological therapies or treatments
- talking treatments
- counselling
- psychotherapies.

Who do talking therapies help?

Talking therapies can help people who are distressed by difficult events from the past or present, people with diagnosed mental health issues and their family/whanau, and people who want to understand themselves better.

Talking therapies can help with depression, anxiety, obsessions, panic, phobias and relationship issues. They can help with grief and other emotions such as anger or shame. Talking therapies can help with chronic physical conditions, alcohol, smoking, drug and gambling issues, and with complex mental health issues.

Talking therapies can help with issues affecting children and young people, and families/whanau.

Talking therapies are often used with medication to treat issues, and for some people this can be more effective than either treatment would be if used on its own.

The talking therapies in this guide have mostly been developed in the UK, Europe and the United States. There are kaupapa Maori talking therapy approaches, and these may be available in your area. Your best sources of information about these are your marae and local kaupapa Maori services. To date there has been little research on talking therapies for Maori, Pacific, Asian and other cultural groups in New Zealand.

Why should I see a therapist?

It's increasingly recognised that talking therapies can make a significant contribution to mental well-being for many people. However, there are still some common myths about talking therapies.

“I can work out my problems myself.”

Talking therapy can help you work through your issues more quickly and thoroughly. It can be useful to talk with someone you can trust, who is objective and trained in working with you to resolve issues.

Going to see a talking therapist is not a sign of weakness and it's more common than you may think. Many people don't tell family/whanau and friends that they have had talking therapy. Other people do tell their family/whanau, who are very supportive. Some talking therapies are family/whanau based.

“I've heard talking therapies don't work.”

There has been a lot of research on talking therapies, and there is good evidence that the therapies in this guide work for many people.

“Talking therapies cost money.”

It's true that it can cost money to see a therapist, particularly if they are in private practice.

Some talking therapies are subsidised by the government or provided by community organisations like the Samaritans or Presbyterian Support Services, and are free or offered for a small cost or donation/koha. The Accident Compensation Corporation (ACC) and Work and Income also provide counselling services. Access to these services will depend

on your situation, and usually require an assessment by a mental health professional. Talk to your GP or health provider about what may be available.

Some talking therapies are available through public mental health and addiction services for people with diagnosed moderate to severe mental health issues.

“You spend years in therapy talking about your childhood.”

This is an understanding of one particular type of therapy – psychoanalysis. There are many different types of therapies available now. You can choose to deal with current issues, or explore your past to see how that is affecting you now. The length of time involved will depend on the kind of talking therapy – some are quite brief, while others can last a year or more.

Why is my general health important?

Our mental health is affected by our general health. We all need to:

- eat well
- exercise regularly
- get around eight hours of sleep a night
- see our GP regularly
- relax: take time for a favourite interest, play some sport, go for a walk on the beach or learn a relaxation technique like meditation
- limit alcohol and avoid non-prescription drugs
- spend time with people who are important to us.

Who gives talking therapies?

Talking therapies may be given by:

- alcohol, drug and gambling workers
- counsellors
- GPs
- occupational therapists
- psychiatrists
- psychologists and clinical psychologists
- psychotherapists
- registered nurses working in mental health or addiction services
- social workers
- whanau or family advisors.

Each talking therapy requires its own training. The above professionals may be fully qualified to practise the therapy they have trained in, or they may have learnt some skills from a particular type of therapy. Some therapies take years to train in. Some talking therapies require the therapist to also have talking therapy. This helps them to understand themselves better when working with you.

Talking therapists work in public services, like a mental health service provided by a district health board or in a medical centre, in community organisations like the Samaritans or Presbyterian Support Services, or in their own private practice.

Be sure to check your therapist's qualifications and experience, and make sure they are registered to practise.
See further information on page 75 for how to do this.

The most important thing to remember is that a talking therapy is not something “done to you” by a therapist. You are an active part of your therapy. Research has shown that, regardless of the type of therapy, the most important factor in talking therapy is the relationship you have with your therapist.

This is discussed more in working together - you and your therapist on page 13.

What’s it like to have talking therapy?²

Therapy can be in individual sessions or sometimes in groups. An individual therapy session usually lasts about one hour, while a group session may last up to one and a half hours. You will probably have one session per week.

The total number of sessions you have will depend on the type of therapy and your individual needs. Some talking therapies follow a structure and a course of therapy may take a few months. Other talking therapies can be unstructured and a course of therapy may take place over a longer period of time.

How do I find a talking therapist?

Subsidised or free therapy is available through the public health system and community organisations. Access to these services will depend on your situation, and may require an assessment by a mental health professional. Talking therapies are also available privately. Costs will vary, depending on what the therapist charges. The talking therapies available in your area will also vary.

Ask:

- your GP
- the counsellor at your school
- the health service at your polytechnic or university
- at your marae
- at your local kaupapa Maori service
- your Youth One Stop Shop or a community centre
- your local women’s centre or HELP sexual abuse service
- the minister at your church.

2 – Mental Health Foundation UK, 2009; National Depression Initiative.

- ACC provide counselling for mental injury as the direct result of sexual abuse or assault, or personal injury. Your personal injury must already be covered by ACC. To find out if you are eligible, phone 0800 735 566.
- Talking therapist registration boards and professional organisations have public registers of therapists (see page 76 of this guide for contact details).
- Your local Child, Youth and Family office may have information about therapists in your area who work with children and young people.
- Your local mental health service: in the White Pages, look under “Medical”, “Hospital and other Health Service providers”. Look for the local hospital or district health board listing, then look for the telephone number under “Mental Health Services”. In some cases, it may be under “Psychiatric Services” or “Community Assessment and Treatment Team”. There may also be a child and adolescent service. If there is no response, phone the hospital’s main telephone number for advice.

If you are a Work and Income client, you may be eligible for subsidised talking therapy (depending on your situation). Talk with your case worker about what may be available.

If its urgent contact
your local Community
Assessment and Treatment
(CAT) Team.

Find the number in
the White Pages under
“Medical”, “Hospital and
other Health Service
providers”. Look for the
local hospital or district
health board listing, then
look for the telephone
number under “Mental
Health Services”.

If you think the situation is
an emergency, phone 111

Phone:

- Alcohol and Drugs Helpline: 0800 787 797
- Chinese Lifeline: 0800 888 880
- Citizens Advice Bureau: 0800 367 222
- Depression Helpline: 0800 111 757
- Gambling Helpline: 0800 654 655
- Lifeline: 0800 543 354
- Mensline: 0800 636 754
- Outline (gay, lesbian and transgender support): 0800 802 437
- Relationship Services: 0800 735 283
- Samaritans (lower North Island): 0800 726 666
- Youthline: 0800 376 633.

Look in:

- the White Pages under “Personal Help Services” in the front section.
- the Yellow Pages under “Addictions Services”, “Counselling Services”, “Psychologists and Psychology Services”, or “Psychotherapists and Psychotherapy Services”.

Websites:

- talking therapist registration boards or professional organisations have public registers of therapists (see page 76 of this guide for contact details)
- www.webhealth.co.nz: lists mental health services available in some areas of New Zealand, including kaupapa Maori services, and services for Pacific, Asian and other cultural groups
- depression: www.depression.org.nz
- alcohol, drug, smoking and gambling services in your area: www.addictionshelp.org.nz
- young people: www.thelowdown.co.nz

- information and support systems for mothers, fathers and families, about postnatal depression and related conditions, like anxiety and bipolar disorder: www.mothersmatter.co.nz
- search the internet under individual professions or talking therapies in your area.

Online therapy:

- New Zealand online therapy trial: www.otago.ac.nz/rid
- depression: www.moodgym.anu.edu.au
- anxiety: www.ecouch.anu.edu.au
- www.livinglifetothefull.com.

See page 36 of this guide for more information about online or computerised therapy.



2. Working together – you and your therapist

The relationship you and your therapist develop together will have a major impact on how much talking therapy will help you solve your issues and make positive changes in your life.

At first you may find it hard to talk about your private life with a therapist. Many people feel nervous when they try something new. It helps to think of your therapist as a caring person who you can trust and who has an objective point of view. Therapists are trained professionals who won't judge you or tell anyone else what you talk about (see *confidentiality* on page 19).

Making a decision to talk about issues or concerns and desired changes with a professional therapist is the first step towards dealing with what's worrying you. Therapists are trained to listen and help you understand what's going on in your life. They are trained to help you develop new skills to better understand your thinking, feelings or the way you respond to what's going on in your life. Some therapists will work with you on options for the changes you want to make and how to make them.

You and your therapist may come from different cultures, backgrounds or lifestyles. You may not share the same first language. You both may need to talk more about your background, values and beliefs to make sure you understand each other.

It's important to remember that therapy won't change things overnight. You and your therapist will talk together to clearly identify your issues and agree on what you want to get out of your therapy sessions. As you become more comfortable with each other, it will be easier to talk openly and listen to each other, and work towards the goals you have agreed on.

Why is the relationship important?

Therapy is a partnership. Like any relationship with another person, successful therapy depends on open, honest communication. A good relationship is based on trust, respect, a willingness to listen to each other, and a commitment to work together even when this feels difficult.

If you have a good relationship, you and your therapist can talk openly, and develop trust and understanding. You and your therapist will be able to agree on what you want from therapy, and what tasks and discussions need to take place. Agreeing on the aims of therapy is an important task and may take time to work through.

Developing a good relationship is a responsibility that you and your therapist share.

What is the therapist's role?

The therapist is there to help you bring about the changes you want to make in your life. In the beginning, your therapist will talk with you about therapy to make sure you understand what you can expect from your sessions with them.

The therapist is not there to tell you what to do or solve your issues for you. However, they will work with you to develop any skills and knowledge that you need to deal with your issues, or help you recognise beliefs or

feelings that stop you from achieving your goals. In some situations, they may offer advice.

Your therapist will support and encourage you, but they may also challenge you and ask difficult questions to help you see your situation in a different way.

What can I do to get the most out of therapy?

There are a number of things that you and your family/whanau (if you choose to involve them) can do to help make your relationship with your therapist successful.

Before your therapy starts:

- think about what you want to get out of therapy
- think about how you will know if the therapy is working for you
- make a commitment to attending your therapy sessions – if for any reason you can't make a session, let your therapist know as soon as possible
- your therapist will tell you what to expect from therapy, however if the service has a peer support worker or advocate it may be useful to talk with them as well.

During your therapy sessions:

- be an active participant in each session
- take responsibility for your learning
- talk to your therapist about any concerns you have or what you are most worried about
- it's important to tell your therapist if you don't understand or agree with something they say – they need to know how you are feeling to provide the best help

The relationship between you and your therapist is sometimes called the therapeutic relationship, or the therapeutic alliance.

- sometimes your therapist may say something that you find difficult – take a bit of time to think about what they said and how it may apply to your situation, then talk to the therapist about what they said and why they said it
- be honest and open about yourself – don't avoid discussing or revealing something that may seem shameful, uncomfortable or illegal, your therapist will not judge you, and is bound by confidentiality (see *confidentiality* on page 19)
- remember to tell your therapist about any successes you have had since the last session.

Between therapy sessions:

- take some time to think about what you want to discuss next time.

Depending on the type of therapy you choose, you may be asked to complete tasks between therapy sessions. These tasks are designed to help you get the most out of your therapy, and practise the skills you are learning. If you have difficulty completing these tasks, talk about it with your therapist – together you may be able to find a solution.

Will I have the same therapist each session?

If you see a therapist at a private clinic, they will generally work with you for your whole course of therapy. In some cases, if you are receiving therapy through public health services, your therapist may change. It may help to talk about this in your first session, as your therapist will be able to let you know what to expect.

What if we don't get along?

For many people, therapy is a good experience that helps them make positive changes in their lives. However, sometimes things don't seem to work out. This may be for a range of reasons, but sometimes people just don't click.

If you have concerns, or feel that your therapy is not working out for any reason, talk with your therapist. This may be difficult to bring up, but your therapist is trained to openly talk this through. Sharing your concerns may mean that you can work together to resolve the problem or change the approach to your therapy. If the issue can't be fixed, then your therapist should be able to help you find another therapist or approach that is more suited to you.

If your therapist finds they are unable to continue working with you, they will talk openly about this with you, discuss your options, and help you settle in with a new therapist.

What are professional boundaries?

Professional boundaries are rules that set the behaviour of therapists. These rules are made by the professional organisation or registration board that the therapist belongs to, and are usually called a Code of Ethics. They are made to keep you and your therapist safe. It is the therapist's responsibility to manage professional boundaries, and to tell you what they are.

Professional boundaries cover areas like:

- how much personal information the therapist can tell you about themselves
- accepting or giving gifts (in some situations, and depending on the cultural context, a small gift may be appropriate)
- relationships – therapists must avoid friendships, business relationships or sexual relationships with their client, or their client's family/whanau.

A therapist should:

- only ask for personal details that relate to the issues you are dealing with
- keep your discussions and records confidential (see *confidentiality* on page 19)
- avoid words, actions or jokes that are embarrassing or discriminate
- keep their personal difficulties to themselves.

If you have a concern about a therapist overstepping professional boundaries, you should consider reporting it. See *further information* on page 77 for how to do this.

Tips for your first session

- Before your first session ask either the person who referred you or the therapist any questions you may have about the length of therapy, costs, the therapist's training and confidentiality concerns.
- Try to be a few minutes early so you have a chance to get familiar with your surroundings.
- It's likely that you will feel nervous. Your therapist will understand this and will do their best to help you relax.
- Be as clear as you can when you are explaining what you want help with.
- Your therapist will need to ask you about aspects of your life to understand how they can help. Be prepared for this and answer as best you can. Tell your therapist if you are feeling uncomfortable about what they are asking.

Confidentiality

In general, what you talk about with your therapist is confidential.

Your therapist may seek permission from you to discuss aspects of your sessions with your doctor, or other health professionals involved in your therapy, or their supervisor.

On rare occasions, if your therapist has serious concerns for your safety, or the safety of another person, they are required by law to break confidentiality.



3. Talking therapies used in New Zealand

This section gives an outline of talking therapies used in New Zealand. There is good evidence that these therapies work for many people, although not all of them will be suitable for your situation.

There are other talking therapies available that haven't been included in this guide, either because they are not widely used in New Zealand, or haven't been extensively researched yet.

Subsidised or free talking therapy is available through the public health system and community organisations. Access to these services will depend on your situation, and may require an assessment by a mental health professional. Talking therapies are also available privately. Costs will vary, depending on what the therapist charges. The talking therapies available in your area will also vary.

What do the different talking therapies help with?³

	Page
<p>Counselling</p> <ul style="list-style-type: none"> • Alcohol, drug, smoking and gambling issues. • Anxiety. • Depression. • Family violence. • Life changes. • Personal development. • Relationship issues. • Sexual abuse. 	25
<p>Bibliotherapy</p> <ul style="list-style-type: none"> • Anxiety. • Helping children and young people with issues like bullying and divorce. • Managing long-term illnesses. • Mild depression. • Obsessive compulsive behaviour. • Personal growth and change. 	29
<p>Cognitive behavioural therapy (CBT)</p> <ul style="list-style-type: none"> • Alcohol, drug, smoking and gambling issues. • Anxiety. • Depression. • Eating disorders. • Long-term illnesses. • Obsessive compulsive behaviour. • Phobias. • Post-traumatic stress. • Self-harming. • Symptoms of bipolar disorder. • Symptoms of schizophrenia. 	32

3 - Royal Australian and New Zealand College of Psychiatrists, 2005; National Health Service Scotland, 2008; New Zealand Guidelines Group, 2008; Forbes et.al, 2007; Luty et.al, 2007; Hay et.al, 2009; Te Pou, 2009; The Werry Centre, 2008; Hunot et al, 2007; James et.al, 2009; *Counselling*, 2009; *Cognitive Behaviourial Therapy*, 2009; National Institute for Health and Clinical Excellence, 2005, 2007a, 2007b; Brassington and Krawitz 2006; Mental Health Foundation UK, 2009; University of Auckland, 2009.

	Page
Computerised CBT	36
<ul style="list-style-type: none"> Mild anxiety. Mild depression. 	
Family therapy	39
<ul style="list-style-type: none"> Alcohol, drug, smoking and gambling issues. Families adjusting to life changes. Issues affecting children and young people. Symptoms of eating disorders. Symptoms of schizophrenia. 	
Motivational interviewing	44
<ul style="list-style-type: none"> Alcohol, drug, smoking and gambling issues. 	
Psychotherapy	49
<ul style="list-style-type: none"> Anxiety. Complex mental health issues. Depression. Long-term physical health issues. Personal development. Post-traumatic stress. Relationship issues. 	
Psychotherapy with children	53
<ul style="list-style-type: none"> Families adjusting to life changes. Issues affecting children and young people. 	
Dialectic behaviour therapy (DBT)	58
<ul style="list-style-type: none"> Serious and complex mental health issues like self-harming and persistent binge eating, and people with a diagnosis of borderline personality disorder. 	

Some of the words used in this table are medical terms for a diagnosis. A diagnosis is a shorthand term for a group of symptoms. Ask your GP or therapist, or look on the internet if you would like to know more about them.

	Page
Interpersonal psychotherapy (IPT) <ul style="list-style-type: none"> • Anxiety. • Chronic illness. • Depression. • Grief. • Postnatal depression. • Post-traumatic stress. • Relationship issues. • Symptoms of bipolar disorder. • Symptoms of eating disorders (particularly bulimia). 	62
Problem solving therapy (PST) <ul style="list-style-type: none"> • Anxiety. • Chronic illness. • Depression. • Self-harming. 	65
Multisystemic therapy (MST) <ul style="list-style-type: none"> • Young people with behavioural issues, or alcohol and drug issues, and young people at risk of offending or who are involved in the youth justice system. 	69

Counselling⁴

How does it work?

Counselling helps people to increase their understanding of themselves and their relationships with others, to develop resourceful ways of living, and to bring about change in their lives.

Counselling can involve sessions with an individual, or sessions with couples, families/whanau, or groups. Counsellors are usually trained in a number of techniques, and can help with a variety of issues.

Some counsellors have specialist training in specific areas like relationship issues, drug and alcohol issues, and sexual abuse.

Counselling comes in many different forms. You can have telephone counselling or talk to a school counsellor. You may see a counsellor in a health service or private practice.

A counselling session will depend on:

- the issues you are working with
- the techniques your counsellor is trained in
- if you are having individual, couple, family/whanau or group counselling.

4 – New Zealand Association of Counsellors: www.nzac.org.nz. (See under ethics.)

What's it helpful for?

Counselling can be effective for:

- depression
- anxiety
- alcohol, drug, smoking and gambling issues
- life changes
- relationship issues
- sexual abuse
- family violence
- personal development.

How long does a course of counselling take?

A session of counselling is likely to be about one hour, and you will probably have one session per week. The number of sessions will depend on what you want to get out of counselling. You and your therapist will discuss this in your first session.

Who will it suit?

Because there are many different forms of counselling, which help with a range of issues, most people should be able to find a counselling style that suits them.

Where can I find a counsellor?

- Talk to your GP.
- Look in the White Pages under “Personal Help Services” in the front section.
- Look in the Yellow Pages under “Counselling Services”.
- See *how do I find a talking therapist* on page 8.

There are counsellors and health services that specialise in providing services for Maori. Ask at your marae or local kaupapa Maori service, or talk to your GP.

Some counsellors and health services work with specific cultural groups. Ask your GP or see *how do I find a talking therapist* on page 8.

Make sure your therapist is qualified and registered to practise. See the *further information* section on page 75 for how to check this.

Sina and Josh's Story

Sina and Josh have been in a relationship for five years. They have lived together for three years and are in their late thirties. They have gone to see a counsellor who specialises in relationship counselling.

The counsellor begins by asking each of them what they would like to get out of counselling. Sina says she feels like Josh doesn't listen to her. She would like to have more of an emotional connection. Josh says that Sina is always asking to spend more time together, and seems to resent him spending time with his mates. He's come along to counselling because Sina wants him to.

The counsellor asks them how committed they are to making their relationship work. Sina and Josh both agree that they want to stay together. They spend some time talking about the good parts of their relationship.

In their next few sessions they continue to explore their issues in more detail, and begin to see that Josh withdraws from Sina when he feels pressured, which makes Sina feel like she isn't listened to.

Their counsellor asks them if they think a compromise in this situation is possible. They explore some ideas, and decide they will make a date once a week to spend time together. Sina agrees that she will try not to bring up the subject of Josh spending time with his friends. Josh agrees that when they do spend time together he will try to really listen to Sina.

In their next session they both report feeling happier about their relationship. Sina is starting to feel better about their emotional connection, and Josh has learnt to communicate how he is feeling to Sina, rather than withdrawing from her.

What's the history of counselling?

Modern counselling can trace its origins back to psychotherapy work that began in the late 19th century. The psychologist Carl Rogers was a pioneer in the field, with his humanistic and client-centred approaches. Additional research in cognitive psychology, learning theory and behaviour has informed many therapeutic approaches.

Bibliotherapy⁵

How does it work?

Bibliotherapy is the use of self-help resources for personal growth.

Bibliotherapy resources may be books, audio tapes, pamphlets, play scripts, journals, poems and songs, and stories adapted from cinema and television. Bibliotherapy resources are increasingly available on the internet, and are commonly known as e-therapy.

These resources can relax us, inform and inspire us, and change our behaviour and way of thinking.

You may be prescribed resources by your GP, school counsellor or therapist, or you may find them yourself at a library or bookshop.

What's it helpful for?

Bibliotherapy has been helpful for:

- mild depression
- mild anxiety
- managing long-term illnesses
- obsessive compulsive behaviour
- children dealing with issues like bullying and parents divorcing
- personal growth and change.

5 – Jack and Ronan, 2008; Pehrsson et al, 2007; Heath et.al, 2005; Gregory and Vessey, 2004.

Who will it suit?

Bibliotherapy suits people of all ages:

- who are interested in personal growth
- with mild issues
- with mild to moderate issues who are having difficulty accessing health services
- who would like extra resources in addition to talking therapy.

Where can I find resources?

- Ask your GP, therapist or school counsellor.
- Look in your local library and bookshops.
- Search the internet.

What else should I consider?

Bibliotherapy is not recommended as a therapy by itself, unless you are working with mild issues, or there is real difficulty accessing a therapist.

Catherine's Story

Catherine is a 48 year old woman who was diagnosed with non-Hodgkin lymphoma. She was referred to her local mental health service with feelings of anxiety and panic, which developed when her chemotherapy treatment started.

Catherine said that she had always been a worrier. Since her diagnosis of non-Hodgkin lymphoma she felt on edge and distressed. Catherine's partner was also concerned because Catherine was having difficulty eating. She was unable to relax and was very tearful.

Catherine was given a chapter from a book aimed at educating people about anxiety. She found this really helpful and could relate to most of the content. She felt relieved that she wasn't

the only person who had experienced these symptoms. Catherine was then given a list of library resources about anxiety and non-Hodgkin lymphoma.

She also used poetry to take her mind away from thinking about the cancer, and to help her relax. She was given pamphlets about “looking good and feeling good with cancer”, which helped her feel more positive about herself.

Catherine continued her chemotherapy and radiation treatment with much less anxiety. She felt relieved and more confident about managing her anxiety, and felt more positive about her life generally. Her partner also noticed that Catherine seemed more relaxed.

The mental health service is working with the local library to ensure that mental health professionals and library staff have lists of useful and available books on mental health topics.

What's the history of bibliotherapy?

The use of reading for personal growth has been recognised for hundreds of years. One of the earliest records of prescribing books comes from 1272 at a hospital in Cairo. During the 18th and 19th centuries, reading for therapeutic purposes in hospitals and mental institutions became widespread in Europe and the United States. The term bibliotherapy came into use in the early 20th century.

Today, bibliotherapy is available in a wide range of community and education settings, as well as from your local library or bookshop, where thousands of self-help books are available.

Cognitive behavioural therapy⁶

How does it work?

Cognitive behavioural therapy (CBT) helps you solve issues and view them realistically. CBT can help you overcome difficulties by showing you how to change your thinking, behaviour, and emotional responses. CBT tends to focus on current issues.

CBT is based on the idea that what we feel is the result of what we think – about ourselves, other people and the world in general. If we change how we think, we can also change how we feel and behave, and how we relate to other people.

6 – *Cognitive Behaviourial Therapy*, 2009; Froggatt, 2006; New Zealand Guidelines Group, 2008; Luty et.al, 2007; James et.al, 2009; Hay et.al, 2009; Hunot et.al, 2007; Forbes et.al, 2007; Mental Health Foundation UK, 2009.

What's it helpful for?

Research has shown that CBT is helpful for a wide range of issues, including:

- depression
- alcohol, drug, smoking and gambling issues
- anxiety
- panic issues
- managing long-term illnesses
- post-traumatic stress
- obsessive compulsive behaviour
- eating disorders
- symptoms of bipolar disorder (alongside medication)
- symptoms of schizophrenia (alongside medication and family therapy).

CBT has been helpful for depression and anxiety in children and young people. CBT may be offered as part of a treatment plan for anorexia.

Who will it suit?

CBT will suit you if you like working towards a solution with clear goals, using practical techniques. CBT may be recommended to you as part of a treatment plan for specific issues or problems.

What's a therapy session like?

Sessions are clearly structured, and they are focused on current issues and practical solutions. You are usually given homework to do between sessions.

How long does a course of therapy take?

CBT is brief and time-limited. An average course of CBT lasts from 6-24 one-hour sessions.

Where can I find a therapist?

- Talk to your GP.
- Look in the Yellow Pages under “Psychologists and Psychological Services”.
- Ask at your local kaupapa Maori service.

CBT may be offered by a GP, or a therapist in public or private practice. Some district health board mental health services provide CBT for people with moderate to severe issues.

Make sure your therapist is qualified and registered to practise. See the *further information* section on page 75 for how to check this.

Lee’s Story

Lee was in his early twenties. He had mild depression and was troubled by negative thoughts, which affected his self-esteem and the way he related to other people. He was tired of feeling this way, and made an appointment with a psychologist who had been recommended to him.

Lee gave an example of his thinking patterns to his therapist. Last week he walked past someone he knew, said hello and they didn’t reply. Their rejection went over and over in his head as he thought of all the reasons why they didn’t like him, or what he had done wrong for them to ignore him. He then felt even more miserable and depressed.

CBT taught him to examine his pattern of thinking and consider alternative points of view. Maybe the friend didn’t hear him say hello, or the friend had his own issues going on

and the rejection had nothing to do with Lee at all. Before he decided his friend didn't like him, he could check out the situation by asking his friend. He might find out that he had jumped to an unreasonable conclusion.

After practising some common sense and practical thinking skills, Lee was able to significantly change his negative thinking patterns. His interactions with other people improved and he began to feel better about himself.

What's the history of CBT?

CBT was developed in the 1960s by Dr Aaron Beck, a psychiatrist based in the United States. He began working with clients' negative thoughts, and developed CBT to help them change their pattern of thinking and view issues more realistically.⁷ It's one of the most common therapies used in New Zealand and overseas because it has been widely researched and found to be effective for many issues.

7 – Beck Institute, 2008.

Computerised cognitive behavioural therapy⁸

This form of therapy offers CBT through a website, or on a CD or DVD. (See page 32 for more on CBT.)

How does it work?

Like CBT, computerised CBT is designed to help you solve issues or overcome difficulties by assisting you to change your thinking, behaviour and emotional responses.

Computerised CBT is provided through a website, CD or DVD, rather than seeing a therapist face-to-face. Some websites do provide therapist support via email or telephone.

What's it helpful for?

Computerised CBT has been found to help with mild depression and anxiety.

8 – Centre for Mental Health Research: www.ehub.anu.edu.au; Titov et.al, 2008.

Who will it suit?

Computerised CBT will suit you if:

- you are interested in personal growth and change
- you have mild issues and are having difficulty accessing health services
- you have mild issues and would like to try computerised therapy before seeing a therapist
- you would like extra resources in addition to talking therapy
- you have agoraphobia or social phobias.

What's a therapy session like?

Computerised CBT sessions are usually self-guided. You work through the course at your own pace, and can access it any time.

How long does a course of therapy take?

The length of therapy will depend on how often you access the course.

Where can I find resources?

Otago University is currently trialling a computerised CBT programme for New Zealanders. You can apply to use the website here: www.otago.ac.nz/rid.

MoodGYM and e-couch are Australian-based websites offering online CBT for mild depression and anxiety. Living Life to the Full is a UK-based computerised CBT programme. They are free to access, but don't have therapist support.⁹

- www.moodgym.anu.edu.au
- www.ecouch.anu.edu.au
- www.livinglifetothefull.com

9 – Centre for Mental Health Research: www.ehub.anu.edu.au.

What else should I consider?

- Computerised CBT is not recommended for serious issues.
- You need to be self-motivated to complete a course of online CBT.

Matt's Story

Matt is a 25 year old student and flats with his girlfriend in a large town. He has a group of supportive friends and gets on well with his family, who live nearby. A friend was killed in a car accident six months ago, and a few months later Matt was diagnosed with glandular fever. Matt has had to put his study on hold while he recovers, and he's been feeling down and anxious for a while. He doesn't feel like he needs to see a therapist, but he knows he's not coping very well. His girlfriend has heard about MoodGYM, a computerised CBT course for depression. She urges Matt to try it.

Matt says "I was sceptical when I started MoodGYM – how could a website help me with my problems? But it's really helped me understand my thinking and emotions. I'm still grieving for my friend, and I'm frustrated with being sick for a long time and putting my study on hold. MoodGYM has helped me to see that I've been reacting to things in a negative way, and that I've developed a negative view of the future. I'm learning to accept my situation and to develop more positive ways of thinking. I'm starting to feel better, and I'm making plans for the future."

What's the history of computerised CBT?

Computerised CBT programmes have been developed recently to offer cost-effective and easy to access therapy for people with mild depression and anxiety. The evidence for online CBT is growing, and it's likely that more programmes will be developed.

Family therapy¹⁰

How does it work?

Family therapy is a term given to a broad range of methods for working with families/whanau.

Family therapy helps families/whanau to communicate issues or concerns. The goal is to support the strengths in the family/whanau and resolve issues. While there may be many methods in family therapy, the role of the family/whanau in solving issues is central to the therapy.

What's it helpful for?

Family therapy is helpful for a range of issues. The following are some examples:

- behavioural issues in children
- communication issues between young people and their parents/caregivers
- parents/caregivers experiencing difficulties managing their children's behaviour
- anorexia nervosa, depression, anxiety or schizophrenia in a family member
- when family/whanau members have to make lifestyle changes due to a chronic illness, divorce or separation, loss or grief.

10 – Carr, 2006.

Who will it suit?

Family therapy is likely to suit families/whanau who want to work together to develop healthy and supportive relationships. Family therapy can suit a wide range of people and issues.

What's a therapy session like?

A therapist will first work to make sure everyone in the family/whanau feels comfortable about being in therapy. Issues and concerns are talked through and, ideally, everyone agrees on the direction of the therapy. The therapist's role is to support everyone to contribute and have their views understood.

You may have two therapists working with you and your family/whanau, or you may have other therapists observe your session and provide feedback. The therapist leading the session will let you know if anyone is observing.

How long does a course of therapy take?

The number of sessions in a course of family therapy varies, depending on the issues and progress made. Some issues like grief, or coping with long-term illness may only take one or two sessions.

6-10 sessions is a usual course of therapy. Many family therapy providers will suggest a certain number of sessions, and then review progress to decide if further sessions are required.

Where can I find a therapist?

- Ask your GP.
- Look in the White Pages under “Personal Help Services” in the front section.
- Look in the Yellow Pages under “Counselling Services”.
- Contact Relationship Services (under “Counselling Services” in the Yellow Pages).
- Ask the counsellor at your school.
- Ask at the health service at your polytechnic or university.
- Ask at your local kaupapa Maori service.
- Search the internet for “Family Therapists” or “Family Therapy”.
- Phone the Citizen’s Advice Bureau on 0800 367 222.

Many community organisations have family therapists as part of their counselling staff. Child and family mental health services provided by district health boards may also offer family therapy. There are a small number of specialist family therapy centres in New Zealand. Some clinical psychologists and therapists in private practice also offer family therapy.

What else should I consider?

- Family therapists are not required to be registered under the Health Practitioners Competence Assurance Act 2003 (see *further information* on page 75 for more on this). You should ask about the family therapist’s training and if they have a professional registration.
- You may receive family therapy alongside another therapy, depending on the issues you are working with.

Alice's Story

Alice was an 11 year old girl who began to severely limit her eating, started exercising a lot, and withdrew from her family, spending increasing amounts of time in her bedroom. She became tearful, sad and irritable at home. She appeared to be doing well at school, had good grades and participated well in activities. Her teachers and parents noted that she had moved through several friendship groups during the previous 18 months. There were major concerns about Alice's physical and mental health due to her very low body weight and low mood.

Alice and her family were referred to family therapy. Alice's treatment plan involved a GP, dietician, psychiatrist and clinical psychologist. Part of the treatment plan explored and addressed family-related issues.

Alice was the youngest of four girls. Alice's parents had been married for 25 years and were very supportive of their children. Alice's older sisters were in their teens or early adult years and had been successful either in their studies or in sport. The family had recently been through a period of stressful events. Alice appeared to be struggling with a view of herself that she would "never be able to measure up" to her older sisters. She had also taken on an unrealistic need to solve or address family issues.

As well as individual therapy sessions with Alice, which focussed on exploring some of her negative views and unrealistic expectations of herself, family therapy sessions included all family members. The focus of these sessions was on supporting family members to communicate their views and needs more openly, and for Alice (and other family members) to clarify misunderstandings about their own and others' roles in the family.

Alice's need to be perceived as "perfect" in a range of ways reduced in response to the family therapy sessions. Alice began to value herself for "who she is" rather than for "perfect" behaviour or achievements. Gradually she began to spend time with her family, developed healthy eating patterns, and had stable friendships at school.

What's the history of family therapy?

Treating issues within a family context began in the 1950s. This led to a whole new way of understanding and explaining human behaviour, with the focus shifting from the individual to the entire family.

Earlier concepts and movements in the field of psychology influenced family therapy: small group dynamics, the child guidance movement, research on family dynamics and marriage counselling.

A number of different schools and approaches to family therapy developed. Key figures include Salvador Minuchin, Jay Haley, Virginia Satir, Michael White, Carl Whitaker, Gregory Bateson and Don Jackson. The different approaches all believe that involving families in solutions is beneficial.

Motivational interviewing¹¹

How does it work?

Motivational interviewing is a brief, focussed therapy that is commonly used in alcohol, drug, smoking and gambling services, and increasingly in mental health and general health services in New Zealand.

Motivational interviewing works on behaviour change by helping you recognise and actively deal with issues, attitudes and beliefs that are preventing change. It assists you to become committed to change and to develop a plan for making change happen.

What's it helpful for?

Motivational interviewing is widely used to help people reduce or stop their problematic use of alcohol or other drugs and cigarettes. Motivational interviewing can help with gambling issues, and it's increasingly being used in mental health and primary health services to help people with health and lifestyle changes. It can be used alongside other talking therapies.

Who will it suit?

Motivational interviewing is suitable for people who are finding it difficult to make or maintain behaviour and lifestyle changes.

11 – New Zealand Guidelines Group, 2008; Rollnick and Miller, 1995; Te Pou, 2007.

Feedback suggests that people from a range of cultural backgrounds have found motivational interviewing an acceptable and effective therapy.¹² It has been effective for young people and adults.

What's a therapy session like?

Motivational interviewing is a brief, client-centred therapy. Client-centred means that you control the focus and pace of the therapy. You work with your therapist to understand why it's hard for you to make changes, and then develop a plan for making changes in your life.

How long does a course of therapy take?

The length of therapy will depend on your goals. You may only need a few sessions to bring about change in your life.

Where can I find a therapist?

- Ask your GP.
- Phone Lifeline: 0800 543 354.
- Look on this website: www.addictionshelp.org.nz.
- Look in the White Pages under "Personal Help Services" in the front section.
- Look in the Yellow Pages under "Counselling Services".
- Ask at your local kaupapa Maori service.
- Ask the counsellor at your school.
- Ask at the health service at your polytechnic or university.
- Look on the internet.

Make sure your therapist is qualified and registered to practise. See the *further information* section on page 75 for how to check this.

12 – Te Pou, 2007.

Motivational interviewing
is also known as
motivational counselling.

Mike's Story

Mike is in his late forties and married with three teenage children. He was made redundant from his full-time job six months ago, and has only been able to find casual part-time work since then. He's always enjoyed a few drinks with friends, but lately he's been spending a lot more time at the pub, and drinking quite heavily. He's been arguing with his family, and his partner and friends are worried. Mike knows he's not coping well. His partner encourages him to phone Lifeline, and they put him in touch with his local alcohol and drug service.

Mike arrives at his appointment not knowing what to expect and not sure that this is the right thing to do. He's introduced to Joe, an alcohol and drug counsellor, who starts by asking Mike what has brought him to counselling. Mike tells Joe that other people think he has a drinking problem but he's not convinced. Joe recognises Mike's reluctance and stresses that he is not going to make any judgements about Mike and that the session is focussed on Mike exploring his drinking behaviour and motivations. Any decisions Mike makes are his own and Joe is not going to force him to make changes.

Joe asks Mike what he likes about drinking. Mike tells him that it's a great way to socialise and spend time with his mates. He's stressed about his work situation and drinking helps him forget his problems.

Joe asks Mike what he doesn't like about drinking. Mike is aware that his drinking has had some negative effects lately. He finds it hard to get going in the morning and sometimes after a night at the pub he can't remember what he has said or done. His mood is also up and down and he's irritable with his family. He also notices that he is spending more and more money on drinks.

During this process Mike reflects on what he has talked about with Joe and understands that although his drinking seems to help in the short term, it's having a negative impact on his family and friends, and he thinks it might be affecting his health.

He feels a tension between the things he values, like his family and friends, and the drinking. Joe asks Mike what things will be like in the next few years if he carries on drinking like he has been. It's not something Mike likes to think about. Mike starts to talk about his fears and worries and becomes concerned for his future and the way his behaviour has affected his relationships.

He asks Joe what he should do. Joe tells Mike that there are several options Mike could choose from but it all depends on what Mike wants and what is best for him. Mike likes the idea that he has choices and the rest of the session is spent looking at what Mike might do about his drinking. At the end of the session he is encouraged that he can take some positive steps, and agrees to another session with Joe in a week's time to discuss his options.

In the next session, Mike tells Joe that he's been thinking a lot over the past week. Mike has decided he values his family more than drinking and makes a commitment to stop drinking for three months. With Joe, he works out a plan that includes talking with his partner, kids and close friends about his situation, and asking for their support. They make a plan for structuring Mike's day, and work on some job-seeking strategies.

Mike feels positive about these plans and is committed to making some changes.

What's the history of motivational interviewing?

Dr William Miller published a paper on motivational interviewing in 1983, after a series of discussions on addictions with the graduate psychologists he was supervising. The concepts and methods outlined in that paper were taken up by researchers, expanded on and trialled, to the extent that motivational interviewing has become common practice in a number of countries, including New Zealand.

Psychotherapy¹³

How does it work?

Psychotherapy is a range of techniques used to treat emotional and mental health issues and some diagnosed mental health conditions. Psychotherapy is often used to deal with psychological issues that may have built up over a number of years.

Psychotherapy helps you to understand yourself by exploring how your early life experiences and personality affect your current thoughts, feelings, relationships and behaviour.

What's it helpful for?

Psychotherapy has been used for:

- personal development
- relationship issues
- anxiety
- depression with other complex mental issues
- alcohol, drug, smoking and gambling issues
- long-term physical health issues
- post-traumatic stress
- eating disorders
- dealing with abuse
- people diagnosed with complex mental health issues.

Psychotherapy can contribute significantly to a person's mental and physical health, to their sense of well-being and to their ability to manage their lives more effectively.

13 – *Psychotherapy*, 2009; Mental Health Foundation UK, 2009;
New Zealand Association of Psychotherapists: www.nzap.org.nz.

Who will it suit?

Psychotherapy will suit people who want to understand the meaning of their experiences, behaviour and thoughts, and make changes to achieve greater satisfaction in their lives.

What's a therapy session like?

Your therapist will work with you to understand your thoughts, feelings, relationships, behaviour, and sometimes your dreams and fantasies. The content of your sessions is directed by what you bring to each session.

You may work with your therapist to see the links between what you discuss in sessions and the unconscious factors affecting your feelings, thoughts, behaviour and relationships. You may explore the history of these unconscious factors, see how they have changed and developed over time, and work towards resolving them.

You may see a psychotherapist by yourself, with your partner or a group.

How long does a course of therapy take?

A psychotherapy session usually lasts for one hour, once a week or fortnight. The length of therapy will depend on what issues you are working with, and what you would like to achieve from therapy. Psychotherapy can last for months or sometimes years. You will usually discuss a likely period of time to work with your therapist.

Where can I find a therapist?

- Look on the Psychotherapist's Board of Aotearoa New Zealand website: www.pbanz.org.nz.
- Look on the New Zealand Association of Psychotherapist's website: www.nzap.org.nz.
- Look in the Yellow Pages under "Psychotherapists".
- Ask your GP.
- Ask at your local kaupapa Maori service.

Make sure your therapist is qualified and registered to practise. See the *further information* section on page 75 for how to check this.

David's Story

David is 45, and was referred to a psychotherapist by his GP for depression, low motivation and poor self-esteem. His partner and close friends were worried about his heavy drinking and angry outbursts. David wondered if life was worth living, and felt suicidal at times. David described himself as a Pakeha man without strong convictions about anything. He could not easily describe his values or beliefs.

David found it difficult to talk about himself and his feelings. Doing things, like his job, was the focus of his life. He didn't understand his own unhappiness. Over several sessions the therapist invited David to talk about his early life.

David's older brother is disabled and needed a lot of his mother's attention when they were young. His dad worked long hours and didn't spend much time with the family. David felt he couldn't ask for attention as his parents were too busy. David said that he had felt sad from an early age, feeling too responsible and anxious to play or relax.

Variations of psychotherapy include: psychoanalysis, psychoanalytic psychotherapy, psychodynamic psychotherapy, analytical psychology, Jungian or Freudian analysis, and focal psychodynamic therapy.

The therapy relationship provided David with the experience of being heard by someone willing to get to know him and to understand him without judgment. He recognised that he felt play and leisure activities were bad because there was work to do and “a man should be serious”. As he found words to describe the sadness he had carried most of his life, David began to feel free.

He felt more able to be himself with others, to join in and enjoy his relationships. He learnt that it was okay to ask for what he wanted from others and to feel close to people.

What’s the history of psychotherapy?

The idea of talking to help relieve emotional issues has been around for a long time. The ancient Greeks recognised the value of talking to relieve mental illness. However serious research into talking therapy didn’t really begin until after the mid-19th century. The English psychiatrist Walter Cooper Dendy first introduced the term psycho-therapeia in 1853.

Modern psychotherapy is based on the work of Sigmund Freud. Freud was a trained neurologist who went into private practice in Vienna in the late 19th century. He developed a method of working with his clients that he called psychoanalysis. Freud’s methods were widely used in Europe and the United States until the 1950s, when more techniques were developed.

Psychotherapy¹⁴ with children

How does it work?

Child psychotherapy helps a child and their parents or caregivers to understand the feelings behind the child's behavioural, social and emotional issues. It helps build stronger relationships through better communication and understanding.

What's it helpful for?

Child psychotherapy can be helpful for issues like being angry, anxious, unhappy, disruptive, hyperactive or withdrawn. These are commonly called behavioural problems, and are often caused by emotional issues or difficulties in relationships, including attachment issues.

Who will it suit?

Child psychotherapy will suit children from preschool to 18 years old. If a child is under 16, their parents or caregivers will usually be involved in the therapy.

Most children work through their issues well in psychotherapy. A child psychotherapist is trained to assess if this kind of therapy is suitable for a child.

A willingness by parents and caregivers to self-reflect is important, and a stable home life is also helpful.

14 – Section drafted by Jo Doyle, child psychotherapist and reviewed by New Zealand Association of Child Psychotherapists Board.

What's a therapy session like?

A therapy session usually lasts for about an hour, and happens once a week.

In the first session, the therapist will usually see all family/whanau members who live with the young person, to explore their concerns and explain the therapy process. Toys and art materials are provided for children to communicate their concerns through the use of symbolic play and activities. This will include dramatic play, painting, drawing and talking.

The next sessions will vary depending on the issues being addressed. Parents may meet with the therapist alone, and the whole family may be involved several times. Commonly, the child will spend time on their own with the therapist.

Some children find it difficult to talk about what is worrying them. Child psychotherapists are trained to understand a child's emotional and relational world through observing their play and art work. This is then discussed with parents and caregivers to help the child overcome issues they may be experiencing.

How long does a course of therapy take?

A course of therapy can vary in length from a few sessions to many months. In severe cases it can take two or three years.

Where can I find a therapist?

- Look on the Psychotherapy Board of Aotearoa New Zealand website: www.pbanz.org.nz (you can search the register for psychotherapists registered with a Child Scope of Practice).
- Phone the Psychotherapy Board of Aotearoa New Zealand: (04) 918 4727.

- Look in the Yellow Pages under “Psychotherapists”.
- Ask your GP.
- Ask at your local kaupapa Maori service.
- Contact child and adolescent services at your district health board (in the White Pages, look under “Medical”, “Hospital and Other Health Service Providers” to find the listing for your district health board).

Child psychotherapists are employed by district health boards and community organisations, and work in private practice.

Make sure your therapist is qualified and registered to practise. See the *further information* section on page 75 for how to check this.

What else should I consider?

Look on the website of the New Zealand Association of Child and Adolescent Psychotherapists for more information about how child psychotherapy can help: www.nzacap.org.nz.

Tahi's Story

Tahi is an eight-year-old boy whose parents were concerned about his difficult, aggressive behaviour at home and school. Things had been getting worse over the past year. Tahi was in danger of being expelled from his primary school and his parents felt they couldn't cope any longer. However, Tahi's parents felt they overreacted to Tahi when they were tired or stressed. They also said Tahi could be very loving and was usually patient and kind to his younger sister and brother. They decided to see a child psychotherapist.

The therapist assessed Tahi's development and family history. There were several factors that seemed to be affecting Tahi. When he was born his parents were under a lot of personal stress. They didn't feel prepared for a baby and felt unsupported by family and friends.

Tahi was put in preschool at an early age. He showed a lot of anxiety about being separated from his parents, and became aggressive and disruptive. Tahi moved to a new primary school last year and during this time his younger sister became ill, needing emergency trips to hospital. There was a family history of anxiety and depression, and some family members were known for their "difficult, aggressive" personalities.

Tahi's angry behaviour showed he had low self-esteem and did not feel loved or understood by his family. His mother felt very anxious and helpless about Tahi's anger, and she felt blamed by the school.

Therapy sessions focussed on helping Tahi's mother feel confident and secure in her role as a mother. Sessions where Tahi and his mum played together helped Tahi see her as loving, interested and there for him.

Home life for Tahi and his family improved immediately. Tahi's mother felt she could respond to him in better ways, and Tahi felt more secure within his family. A follow-up session after six weeks confirmed that relationships were continuing to improve. In his first weeks of a new school term Tahi had no issues and his teachers were pleased with his behaviour.

What's the history of psychotherapy with children?

Psychotherapy with children and parents has a long history overseas, particularly in the UK. Child psychotherapy has developed from the theories and work of object relations and psychodynamic theorists. It uses a deep understanding of attachment theory and concepts from family therapy. Important pioneers in the field have been Donald Winnicott, John Bowlby, Melanie Klein and Anna Freud.

A formal child psychotherapy course was first run in New Zealand by the University of Otago Medical School more than 30 years ago. The course has now developed to a master's level qualification and is run through the Auckland University of Technology. Child psychotherapists in New Zealand have a recognised mental health qualification and have been intensively supervised as part of their clinical training.

Dialectical behaviour therapy¹⁵

How does it work?

Dialectical behaviour therapy (DBT) is generally used to treat serious issues like self-harming, and significant emotional and relationship issues.

DBT combines techniques used in cognitive behavioural therapy (CBT) (see page 32) for changing your thoughts, feelings and behaviour, with concepts such as mindfulness. Mindfulness means becoming aware of what you are actually experiencing right now, and separating this from any thoughts and emotional experiences you may have about the past or future. DBT uses meditation and stress management techniques to help you cope with overwhelming feelings.

DBT encourages you to recognise and understand different viewpoints, which helps to change how you react in difficult situations.

The goal of DBT is to build a “life worth living”.

15 – Sanderson, 2008; Brassington and Krawitz, 2006; Te Pou, 2007; New Zealand Guidelines Group, 2008; Binks et.al, 2006; *Balance programme*, 2009.

DBT works through four stages:

- working toward being in control of behaviour
- working toward fully experiencing and regulating emotions
- building an ordinary life and solving ordinary issues
- building a feeling of completeness.

What's it helpful for?

DBT has proven to be effective for:

- self-harming (self-cutting, suicidal thoughts and suicide attempts)
- persistent binge eating
- difficulties dealing with strong emotions
- people diagnosed with borderline personality disorder.

Research has shown DBT reduces anger and self-harming, reduces dependence on mental health services, and improves relationship difficulties.

Who will it suit?

Most people will be referred to DBT by a mental health service, after they have had a thorough assessment of their needs.

What's a therapy session like?

DBT typically involves a combination of:

- individual therapy (60-90 minutes per week)
- group skills training (two hours per week)
- emergency phone counselling.

How long does a course of therapy take?

Because DBT works with complex issues, a course of therapy can last a year or longer.

Where can I find a therapist?

DBT is offered by some district health boards for their mental health clients. Most people will be referred to DBT by a mental health service.

Tia's Story

Tia was a sensitive child who found separations from her mother difficult, but was generally happy. During her teenage years she was sexually abused by a trusted family friend, and her behaviour changed drastically. She had mood swings, began to cut herself and tried to commit suicide when she was 15.

Tia was in and out of hospital for several years, which interrupted her schoolwork and family life. She managed to live in the community, but still cut herself in secret as she found this helped her deal with her emotions and the memories of her abuse. Tia tried trauma counselling, but it didn't help with her behaviour, and at times made her feel more out of control.

Tia became depressed after some relationship and money problems, and was admitted to an acute psychiatric unit in hospital when she was 23. She was offered DBT.

She began weekly sessions of individual therapy and also completed a DBT skills group. Tia learnt some new coping strategies, and gradually made progress. She began to feel she could understand and express her emotions better, and no longer needed to self-harm. Once she reached this point she was able to have therapy to deal with her childhood issues and sexual abuse and experienced some relief.

Tia was able to become fully independent, have healthy relationships, get a job, and stop using mental health services. After her serious difficulties, she had built a life worth living.

History

DBT was developed by Dr Marsha Linehan in the late 1970s. Dr Linehan started using CBT with women who had serious self-harming behaviour and had been diagnosed with borderline personality disorder, but found the therapy had limited benefits for her clients. She adapted parts of CBT and added new strategies and meditation techniques. DBT has been clinically trialled and is considered an effective therapy for serious mental health issues that were previously considered difficult to treat.

Interpersonal psychotherapy¹⁶

How does it work?

Interpersonal psychotherapy (IPT) identifies and works on problem areas in your relationships with others and your roles in life. It's designed to help your communication skills and improve your relationships and roles (for example as a wife or husband, mother or father, student, worker etc).

What's it helpful for?

IPT has proven to be effective with depression for all age groups, anxiety, bulimia nervosa and a wide range of diagnosed psychiatric disorders, as well as personal and relationship growth and changes.

Who will it suit?

IPT will suit you if you would like a short, step-by-step course of therapy, and you feel that your relationships or adjustment to role changes seem to be the main cause of your issues. These may be relationships with your partner, children, family/whanau members, friends or colleagues.

What's a therapy session like?

With your therapist, you first identify problem areas in your relationships with others, or your adjustment to roles in your life. You then work through a step-by-step process to address these areas.

16 – Luty et al, 2007; Ministry of Health, 2009; International Society for Interpersonal Psychotherapy: www.interpersonalpsychotherapy.org; Luty, 2009.

How long does a course of therapy take?

A course of IPT usually lasts for 12-16 sessions, once per week.

Where can I find a therapist?

IPT is not yet widely available in New Zealand, so it may be hard to find a therapist in your area.

- Ask your GP.
- Look in the Yellow Pages under “Counselling Services”.
- Look on the internet.
- Ask the counsellor at your school.
- Ask at the health service at your polytechnic or university.
- Ask at your local kaupapa Maori service.
- See *how do I find a talking therapist* on page 8.

Make sure your therapist is qualified and registered to practise. See the *further information* section on page 75 for how to check this.

Jane's Story

Jane is 34, and lives with her partner in a large urban centre. Jane has had depression twice before – once in her late teens, and again last year. She isn't happy with her life, and talks with her GP, who suggests IPT.

In her first session, Jane and her therapist talk about the important people in Jane's life – past and present. Jane draws a timeline, which shows the relationship between changes in her mood, her life events and her interpersonal relationships.

She identifies conflict with her partner and family members, and would like to feel closer to them. Jane says she doesn't feel very confident and she often feels disconnected from people around her.

Jane and her therapist agree to work more on how she sees herself in relationships, her relationship patterns, and how she communicates. They do some role plays, with the therapist acting as Jane's partner, and through these Jane begins to see that she stops conversations with her partner when they talk about a subject she finds painful, or isn't confident about.

Jane's therapist works with her on a new way of communicating. As Jane practises with her partner and family, she begins to feel more confident. She realises her lack of confidence was preventing her from really opening up. At the same time, she had a deep need to feel understood by people close to her.

As Jane continues to work on her new communication style, she feels her relationships improving, not only with her partner and family, but with friends and her wider community. By her last two sessions, Jane is sure she doesn't need therapy anymore. A follow-up with Jane three months later confirms she feels her relationships are continuing to improve.

What's the history of interpersonal psychotherapy?

IPT has origins in psychoanalytic psychotherapy. It was developed in the 1980s by Gerald Klerman and Myrna Weissman to address interpersonal issues in depression. IPT has since been modified to help a wider range of issues.

Problem solving therapy¹⁷

How does it work?

Problem solving therapy (PST) uses a step-by-step process to help you with your problem solving skills.

PST is based on research, which shows that sometimes people with issues have difficulty solving problems effectively.

During a course of PST, you work with your therapist to identify issues in your life, and develop an approach to solving these issues. You also work on improving your general problem solving skills.

PST is also known as structured problem solving therapy.

What's it helpful for?

PST has proven helpful for:

- depression
- anxiety
- chronic illness
- suicidal thoughts and behaviour
- behaviour change and personal growth.

Who will it suit?

PST will suit you if you feel that your problem solving skills could be improved, and you would like a brief and focused therapy.

17 – Ministry of Health, 2009; University of Auckland, 2009; Pierce and Gunn, 2007.

What's a therapy session like?

In your first session of therapy, you will work with your therapist to identify major issues in your life. You then work together on an approach to solving these issues, using a step-by-step process, while also exploring your attitude to problem solving.

How long does a course of therapy take?

A course of PST usually lasts for 4-8 sessions. Each session will be about one hour, and you will probably have one session per week.

Where can I find a therapist?

PST is not yet widely available in New Zealand, so it might be difficult to find a therapist in your area.

- Ask your GP.
- Look in the Yellow Pages under "Counselling Services".
- Look on the internet.
- Ask the counsellor at your school.
- Ask at your local kaupapa Maori service.
- Ask at the health service at your polytechnic or university.
- See *how do I find a talking therapist* on page 8.

Make sure your therapist is qualified and registered to practise. See the *further information* section on page 75 for how to check this.

Lizzie's Story

Lizzie is 25, and has two children aged six and three with her partner of nine years. Her parents separated when she was eight, and her mother committed suicide when she was 10. Lizzie went to live with her dad, and then moved in with her partner when she was 16. Lizzie had low self-esteem, felt very negative about herself, and was struggling to look after her young children. Lizzie was referred to PST a week after overdosing on sleeping tablets and painkillers.

Lizzie felt negative about herself in most areas of her life. Talking with her therapist, she realised that she often tried to avoid problems or reacted without thinking when she felt she couldn't bear a problem any more.

Lizzie used a worksheet to write down feelings and behaviour that showed there might be a problem: feeling sad for no reason, drinking heavily, yelling at the kids, not answering the phone, feeling anxious, and having a lot of negative thoughts about herself.

Lizzie worked with her therapist to identify a number of issues that might be causing these feelings and behaviour. She then picked one to work with: "I don't feel good about how I look after my son".

After talking about this in detail, Lizzie came up with a problem statement: "I don't know how to give my son the attention he wants in the school holidays, as well as maintain my daughter's routine and all my usual household chores".

Lizzie was encouraged to brainstorm some possible solutions to this problem. She surprised herself by the number of ideas she had. Lizzie then came up with an action plan for the holidays, by looking at the advantages and disadvantages of each idea.

Lizzie's son was excited by the plans for the holidays, and Lizzie was also looking forward to them. She realised she found it hard to be creative when she was feeling stressed and pressured. Through this exercise Lizzie felt more confident and generally better about herself. She felt ready to address a new problem. She was also surprised but pleased that facing up to her issues had helped her to feel better.

What's the history of PST?

PST was initially developed in the early 1970s by D'Zurilla and Godfried, and expanded on through research trials.

Multisystemic therapy¹⁸

How does it work?

Multisystemic therapy (MST) has been developed for young people with serious behavioural issues. In New Zealand, it is mainly being used with young offenders, young people with serious behavioural issues, and young people with alcohol or drug issues.

MST views a young person as part of a network that includes themselves, their family/whanau, and their community (peers, school, and neighbourhood). MST works with this whole network to promote healthy behaviour and relationships, using existing strengths within the network.

MST targets areas in a young person's life that are contributing to their difficulties. An MST therapist works intensively with the family/whanau, providing a 24-hour, seven-day-a-week on-call service.

The ultimate goal of MST is to enable a young person to learn to live well, and to help the family/whanau manage any future issues that may occur.

18 – Te Pou, 2007; Curtis et al, 2009; MST Institute: www.mstinstitute.org; Russell, 2008; Werry Centre, 2008, Bruce, 2009.

What's it helpful for?

MST has been effective in New Zealand with reducing offending behaviour by young people. Research has also found that it helps reduce alcohol and drug issues, violent behaviour at home and in the community, and school difficulties.

Who will it suit?

MST will suit young people aged 10-17 years who have complex issues, or alcohol and drug issues. They may be involved in the youth justice system.

What's a therapy session like?

A therapy plan is developed with the young person and their family/whanau, and therapy takes place within the young person's home, school and wider community. Other members of the young person's community, like teachers, will also be involved. A therapist is available to the family 24 hours a day, seven days a week for the course of therapy.

How long does a course of therapy take?

MST is a short-term, intensive programme generally running for five months.

Where can I find a therapist?

MST is not yet widely available throughout New Zealand. Young people are usually referred to an MST team by Child, Youth and Family Services, Child and Adolescent Mental Health Services, Police Youth Aid, school counsellors, Group Special Education, and school counsellors. In some areas families can self-refer.¹⁹

19 – Bruce, 2009.

What else should I consider?

MST requires a high level of commitment by everyone involved to get the best outcome for a young person, their family/whanau and community.

Hamish's Story

Hamish, aged 16, was referred to an MST team by Police Youth Aid for his offending behaviour (stealing money and property to sell for drugs), his alcohol and drug use (cannabis on a daily basis and binge drinking alcohol once a week), and his verbal and physical aggression at home (which included swearing, threats to harm and using weapons to threaten on a daily basis).

The first step involved developing a safety plan with Hamish's family based on the most recent incident of aggression. The safety plan gave the family some strategies to deal with threatening situations. They were supported by the MST team's 24-hour on-call service if needed. The family then developed some clear rules for their home, with incentives and consequences. A plan was developed to ensure everyone worked together as a team and that Hamish's parents were consistent in their responses to him.

Hamish would often intimidate his parents to get money for his drug habit, so the family and the MST clinician worked on some strategies for not giving in to his demands. A monitoring plan was developed, which gave clear expectations about the type of information the family needed before Hamish went out, a curfew time, and a plan for what the family would do if this was not followed. They also worked on supporting Hamish to find work, as having too much time on his hands was clearly contributing to his risky behaviour.

The family worked incredibly hard with the MST clinician and by the end of treatment there had been no incidents of offending, and his aggression, drug and alcohol use had significantly reduced. The family also learned some strategies for dealing with future issues should they arise.

What's the history of MST?

MST was developed in the late 1970s in the United States in response to perceived limitations in existing mental health services for young offenders. These limitations included high costs and minimal effectiveness. The therapy is based on a social-ecological view of human development proposed by the psychologist Urie Bronfenbrenner.

Evidence suggests that serious anti-social behaviour is determined by a combination of individual, family, peer, school and neighbourhood factors. MST addresses these by working with a young person within their social networks.

MST is now being used in the United States, the UK, Australia, New Zealand and elsewhere.





4. Further information

How do I check my therapist is qualified and registered?

New Zealand has legislation such as the Health Practitioners Competence Assurance Act 2003, which protects the health and safety of the public by ensuring health practitioners are competent and fit to practise. Some of the professions offering talking therapies are covered by this act.

Your therapist may be fully qualified to practise the therapy they have trained in, or they may have learnt some skills from a particular type of therapy. If your therapist is registered with their board or professional organisation, you can be sure they are trained and qualified to practise in their profession. This won't necessarily mean they are trained in talking therapies. You should ask your therapist about their talking therapy qualifications.

You can telephone a board or professional organisation, or check the public register on their website.

Covered by the Health Practitioners Competence Assurance Act 2003 and regulated by a board:

Psychologists	New Zealand Psychologists Board (04) 471 4580 www.psychologistsboard.org.nz
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Psychotherapists	Psychotherapy Board of Aotearoa New Zealand Phone: (04) 918 4727 www.pbanz.org.nz
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GPs and psychiatrists	Medical Council of New Zealand 0800 286 801 www.mcnz.org.nz
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Registered nurses working in mental health or addictions	Nursing Council of New Zealand (04) 385 9589 www.nursingcouncil.org.nz
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Occupational therapists	Occupational Therapy Board of New Zealand (04) 918 4740 or 0800 99 77 55 www.otboard.org.nz
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Not covered by the Health Practitioners Competence Assurance Act 2003, but have a professional board:

Counsellors	New Zealand Association of Counsellors (07) 834 0220 www.nzac.org.nz
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Drug and alcohol workers	Drug and Alcohol Practitioner's Association of Aotearoa New Zealand (04) 499 3083 www.dapaanz.org.nz
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Social workers	Social Workers Registration Board (04) 931 2650 www.swrb.org.nz
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What if my therapist crosses professional boundaries?²⁰

Professional boundaries make sure that you and your therapist feel safe and trust each other. The need to create a good relationship can create situations where boundaries are more likely to be crossed.

If you feel that your therapist has crossed professional boundaries, contact the therapist's board or professional organisation (listed above) or the Health and Disability Commissioner. The commissioner promotes and protects the rights of people who use health and disability services in New Zealand.

Health and Disability Commissioner
0800 11 22 33
www.hdc.org.nz

See *what are professional boundaries* on page 17 for more information on this topic.

How do I give feedback on my therapist?

Some therapists will ask you to give them feedback, usually by completing a form.

You can give positive or negative feedback directly to your therapist.

You may find it easier to have a friend support you if you are giving negative feedback in person. You can also write to your therapist or ask for the help of a health advocate.

20 – Medical Council of New Zealand, 2008; New Zealand Association of Counsellors, 2009.



Health advocates can be found through the Health and Disability Commissioner (contact details page 77).

You can give positive or negative feedback, or make a complaint about your therapist to their professional board or organisation (contact details page 77).

You can also make a complaint to the Health and Disability Commissioner (contact details page 77).

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Notes

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Te Pou
o Te Whakaaro Nui

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email info@tepou.co.nz