



# **2016 APA Annual Convention**

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## **Professional And Personal Growth Opportunities In International Rehabilitation: Lessons From Amazing New Zealand**

**Morse, P., Fernando, K. and Sorensen, M.**



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

# Maori Karakia Timatanga – Prayer to open a meeting

**Whakataka te hau ki te uru  
Whakataka te hau ki te tonga  
Kia mākinakina ki uta  
Kia mātaratara ki tai  
E hī ake ana te atakura  
He tio, he huka, he hau hū  
Tīhei mauri ora!**

*Cease the winds from the west  
Cease the winds from the south  
Let the breeze blow over the land  
Let the breeze blow over the ocean  
Let the red-tipped dawn come with a sharpened air.  
A touch of frost, a promise of a glorious day.*





## **Professional and Personal Growth Opportunities in International Rehabilitation: Lessons from Amazing New Zealand**

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**Photos by Phil Morse**  
[www.morsetravelphotos.com](http://www.morsetravelphotos.com)



# OVERVIEW

- Brief Introduction to New Zealand
- Overview of District Health Boards
- Martha's Story
- Why Go International?
- Practical Questions
- Phil's Story
- Accident Compensation Corporation (ACC)
- Discussion
- Contact Details



New  
Experiences  
Waiting!

Zest in Your Step  
Educational Growth  
Adventure's Abound  
Leisure and Lifestyle  
Amazing Scenery  
New Perspectives  
Development & Demand





## FAST FACTS

- **Group of Islands:** located in Oceania, southeast of Australia
- **2 Main Islands:** North Island (Te Ika a Maui) and South Island (Pounamu), with some near on-shore islands and outlying islands (Chatham Islands, Kermadec Islands, Stewart Island and Auckland Islands)
- **Total Land Area:** 268,670 square kilometres (103,733 sq. miles), making it about the size of the state of Colorado, with a coastline of 15,134 kilometres (9,404 miles) similar to running the West coast from Washington to California.
- **Capital:** Wellington located at the south end of North Island
- **Population** (as of May): 4,698,230 (with Auckland being the largest region (approx. 1.5 mil)
- **Bi-cultural** (Maori and English)

[www.immigration.govt.nz](http://www.immigration.govt.nz)[New Zealand History Online](http://www.immigration.govt.nz) (immigration)

[www.workingin-newzealand.com](http://www.workingin-newzealand.com) (working)

[www.newzealand.com/us](http://www.newzealand.com/us) (travel)

[http:// www.nationsencyclopedia.com/economies/Asia-and-the-Pacific/New-Zealand](http://www.nationsencyclopedia.com/economies/Asia-and-the-Pacific/New-Zealand)





## *New Zealand: Aotearoa*

- Maori name for the country and translates:  
*"land of the long white cloud"*
- Inhabited by Maori since approximately 1300 AD.
- First “discovered” in 1642-1643 by Dutch navigator Abel Tasman who never stepped foot onto NZ
- In 1769 the explorer James Cook arrived in New Zealand and claimed it for Great Britain, but it wasn't until the late 1700s that the first Europeans began to settle in New Zealand.
- Declaration of Independence of New Zealand was signed by 34 Maori chiefs in 1835. Asserted the Independence of New Zealand, with all sovereign power and authority residing with the hereditary chiefs and tribes.
- 6 February, 1840: *Te Tiriti o Waitangi* (**the Treaty of Waitangi**) signed between Maori and the Crown.
- The Treaty guaranteed Maori full possession of their land in exchange for their recognition of British sovereignty. The Treaty of Waitangi is regarded as New Zealand's founding document and remains a core point of reference for Maori and the Government.



# District Health Boards (the NZ system of area hospitals)

- **20 DHBs** in New Zealand where **All** residents and citizens receive care
- **Financial coverage** is managed through taxes; most are 'free' to the public
- Some may also have **Private Insurance** (to increase options, speed up services, cover things not covered by ACC, District Health Boards (e.g., glasses, dentists, Psychology services not considered meeting criteria))
- Strongly linked to **GP** (PCP) coverage and overall management of patient care
- **Each DHB** services a **geographic** area, but DHBs work together as a whole country (e.g., training, special services, coordination of services, collaboration of development) and overseen by Health Board who manages it all
  - In Auckland region 4 DHBs that work collaboratively
  - Regional Spinal Units (2 in the country)
  - National Burns Unit
  - Children's Hospitals (2 regionally)
  - Teaching facilities that work in collaboration with Australian sites to ensure strong educational training over a diverse range of clinical areas/locations/populations/training opportunities
  - Coordinate services with privately held organizations such as ABI, Rehab Plus, Active Plus, QRS, ProActive/IPH
  - Closely tied to Universities (e.g., Auckland, Massey, Otago, AUT,)
- **Work opportunities:** Good for those wanting work in New Zealand on work or full residency visas. Work visa means you are 'tied' to a specific employer; resident's visa means you can move around
- Currently lots of development happening and with development comes change and with change opportunity
- Other opportunities within ACC work source; education; forensics; medical; private organisations supporting the DHB work.



# Martha's Story

- ❖ 2002 - did a personal/professional review
- ❖ Within 2 months, received an email about NZ opportunity: Where's that? In spite of all my travels and education, I knew very little about NZ
- ❖ Took the opportunity to answer that question
- ❖ 2003-2004 - Consultant Clinical Psychologist in Adult Assessment & Treatment unit in Middlemore Hospital (Rehab, Neuropsychology, Clinical, Psychopharmacology, Geriatrics, Brain Injury, Spinal)
- ❖ 2007 - Research (ASTRO Study) data collection, auditing, development for next long-term research project
- ❖ 2012-2016 (June) - Consultant Clinical Psychologist in Adult Rehabilitation and Health of Older People at Middlemore Hospital
- ❖ Currently: Private practice. Contracting for Rehabilitation Companies to provide Complex Medical Neuropsychological Assessments for ACC

## Personal Growth

- ❖ Grew my friendships back home
- ❖ Made and developed many new relationships in NZ and around the world
- ❖ Designed and built a home right near the beach!
- ❖ Travel: both in country and out of country
- ❖ Family, friends and colleagues visited
- ❖ Participated in uniquely New Zealand activities
- ❖ Hosting International Speakers and Trainers
- ❖ Professional Development and Growth
- ❖ Contributed to a book, wrote and published an article, and wrote a chapter for a book entitled 'Neuropsychological Formulation:' edited by Jamie MacNiven (2016 Springer Press), taught clinically, supervision: all things I might not have done if I'd stayed



- ❖ Developed myself into a good rounded clinician, learned things I'd never learn in the USA about neuropsychological methods and practices in New Zealand, England, Australia, Canada, Ireland, Scotland, Europe, South Africa, Mexico, Spain, Southeast Asia and China
- ❖ Learned to drive and survive the left-hand/right side of the car process! Roundabouts are wonderful!
- ❖ Adjusted to many life changes, growing new dendrites galore! Found the subtleties of cultural differences can get you every time! And just when I think I've got it, I find there's another surprise 'learning' around the corner
- ❖ My favourite phrase..."World Famous in New Zealand". While small in stature, New Zealand is larger than life in what they do. First to allow women the vote; female Prime Minister, Nuclear Free, Green, culturally inclusive (Bi-Cultural), strong in research, known for extreme sports, great coffee, and wonderful people
- ❖ Don't they do a great job with movie making?

# Why International Rehabilitation?

- Personal Style:

- Enjoy travel, learning about different cultures, embracing a sense of adventure – the unpredictable
- Able to imagine that the “American way” is not the only or best way of doing Rehabilitation Psychology
- Not afraid of change
- Able to **“think outside the box”** in solving problems – to see things from different perspectives

- Open to **“listening for relationships”** and opportunities for growth (appreciate that there are “no coincidences”)
- Enjoy **“fishing with several lines at a time”** for opportunities / relationships



# Why International Rehabilitation?

- Stage in Professional Life: Ready to try your Wings!

- Early in Career – post licensure, expand training
- Mid Career – developed confidence in professional skills
- Late Career – “been there, done that”

- Professional State of Mind:

- **Ready for a Change** (your role, requirements, relationships with other professionals, personal injury litigation constraining practice)

- Ready to use your skills in health care systems where you may have to improvise and be creative
- Not too attached to norms, rigid testing procedures
- Humility in your professional opinions with others differently trained



- Ready for a **cultural shift**: placing **family** first (a bottom-up model) to successfully access the **individual** for assessment and treatment (a top-down model of service delivery)
- Patience with an unfamiliar social, legal and professional system – able to figure out the rules and go with the flow
- Rehabilitation Psychology in different cultural contexts: respecting cultural norms and learning about different approaches to psychological health



# Practical Questions

## • How to Find a Job / Placement?



- Networking/personal relationships to country, find others who have done it: Find an “AGENT”!
- Job advertisements (APA Monitor, online services for psychologists in that country, e.g., SEEK in NZ)
- Teaching and Research (university) opportunities
- Licensure in another country – see Licensing Board website
- Work visa (Immigration website of country  
In NZ Psychologists - an endangered species (work visas easier!))
- Visit the country as a tourist first

## • DETAILS, DETAILS...

- Current job, license, house (rent/sell), kids (how old, independent), partners, belongings in storage
- Money – can you afford it?
- Income tax, banking, cell phones, computers, cars
- Health Insurance



# Phil's Story

## JOURNEY TO NZ VIA NAMIBIA:

- **GOAL:** My wife (Amy) and I - interested in working together after 30 years in rehab and brain injury and sharing and growing our knowledge in another country/culture. Friends had been to TANZANIA. So...we visited SOUTH AFRICA!
- **AGENT** (CARF International Director/Professional Colleague):
  - Suggested & Visited: **NAMIBIA**
  - Next Choice: **NEW ZEALAND**
- **NZ NETWORK:**
  - Max Cavit (owner and manager of ABI Rehabilitation NZ), a visionary thinker with a national reputation for dedication to rehabilitation in NZ
  - Visited ABI and it was the right match for us!
  - Job offers for
    - Specialist Neuropsychologist / Clin Serv. Developmt.
    - Amy – National Dir. of Operations & Serv. Developmt.
  - Work Visas – initially for 2 years, now renewed for 3<sup>rd</sup> year
  - Licensed / Registered as Psychologist
- **IT'S ALL ABOUT NETWORKING AND LISTENING**
- **(NO COINCIDENCES) !**



# Phil's Story

## ABI REHABILITATION NZ – Working in the Private Sector

- Has ACC contracts for 85% of NZ's moderate-severe TBI inpatient services
- CARF-accredited comprehensive rehab services for TBI Inpatient, Residential, Community / Concussion Services
- Not a “Rehab Hospital” that I was used to:
  - Major sites in Auckland and Wellington
  - In **Auckland**: 33 **Inpatient** beds in 7 Houses
  - Often admitted minimally-conscious state
  - LOS = 35 days
  - 90% go home upon discharge
  - In Auckland: 43 **Residential** beds in 7 Houses in communities
  - ABI - 2<sup>nd</sup> largest provider of **Concussion** Services in NZ



# Phil's Story

- **Clinical Opportunities – What's was Different?**
  - Learning multi-cultural norms re: health, physical / mental healing, disability
  - Supervision: EVERY psychologist has a supervisor; lots of opportunities to supervise junior and senior psychologists and continue to be supervised
  - Concussion Services – totally different model from US: referred ASAP, triaged by OT in home and brought to multidisciplinary team (incl. psych/neuropsych, MD for review) who make referrals to team for assessment / treatment
  - Inpatient Rehab: don't need a rehab hospital. Works well with a series of small houses (even for minimally conscious clients) where client progresses to greater levels of independence and does "Community Re-integration" during Inpatient stay
  - Outpatient / Community Therapy - largely in the home, not clinics / groups
- **Rehabilitation Program Development – a dessert table for a Rehab Psychologist?**
  - TBI Proposal to reduce recidivism in prison (>85% hx of TBI)
  - Stroke Rehabilitation best-practice Proposal (funding of stroke rehab poor, vs TBI with ACC)
  - TBI Rehab Pathways (an ACC model of continuum of care for the individual from ambulance to home/voc) – worked on implementing nationwide outcome measures (e.g., Mayo-Portland)
  - Stakeholders Meeting Model (3 clients, 3 family members & 3 staff, meeting bimonthly) – implemented and evaluated outcomes re: improvements in ABI's services
  - Targeted Rehab Pilot: assess and target outcome-based rehab to increase independence of Ministry of Health (DSS) clients receiving no rehab at present



# Phil's Story

- Professional Gems:

- National health care with no-fault ACC funding for all accidents (TBI, SCI, etc.)
  - No personal injury attorneys!
- NZ – small size makes professional networking easy
- Neuropsychological testing???
  - US-based tests
  - US-based norms in NZ with multiple cultures
  - Different educational system
  - Multi-language developmental experiences?
- Cultural diversity: Maori, Pacific Islanders, Indian, Asian mixed with those of European descent.
- The Maori Culture



- The “person’s identity” is his/her family (whanau), not as an individual.
- Therefore, rehabilitation begins with the *family*. In some ways this resembles family therapy, but it is different. Therapy / assessment is only successful when relationships are first established with the important persons in the family.
- Healing is about the whole person: a “spark” is needed to strengthen the spirit and body to move from a state of “languishing” to “wellness.”



# Phil's Story

- **Personal Privileges:**

- **PHOTOGRAPHER'S DELIGHT:** small country with mountains, glaciers, volcanos, ocean, trees, beaches, tramping / hiking, amazing light!
- NZ is **Bi-Cultural:** Maori people / language
- Getting to know **"Kiwis"**
  - A flightless nocturnal endangered bird
  - A super-sweet fruit (Golden Kiwis)
  - New Zealanders: super friendly; who embrace the "tall poppy syndrome"
- **Driving on the Left**  
at Roundabouts: look right and remember "blocking in football"
- Live in the **"wop-wops."** Drive to work - peaceful with rolling hills, alpacas, sheep, cows, horses, wild turkey and amazing birdlife.



Injury arising from accident demands attack on three fronts. The most important is obviously prevention. Next in importance is the obligation to rehabilitate the injured. Thirdly there is duty to compensate for their losses.

# The Services ACC provides

Provides comprehensive 24-hour no-fault cover for all New Zealand citizens, residents and temporary visitors who sustain certain types of personal injury in NZ



# ACC Covered Injuries

- Non-work related personal injuries – such as injuries suffered at home, or while playing sport
- Motor vehicle injuries
- Work related personal injuries
- Work related gradual process injuries
- Work related disease and infections
- Mental injury
- Injuries that occur as a result of treatment

# ACC Contracts - Psychologists

Neuropsychological  
Assessment  
Services

Training for  
Independence  
(psychological  
services)

Concussion  
Services

Psychological  
Services

Integrated  
Services for  
Sensitive Claims

TBI Residential  
Rehabilitation

Pain  
Management  
Psychological  
Services

Single Discipline

Multidisciplinary



## *Mental Injury*

# Covered Mental Injuries

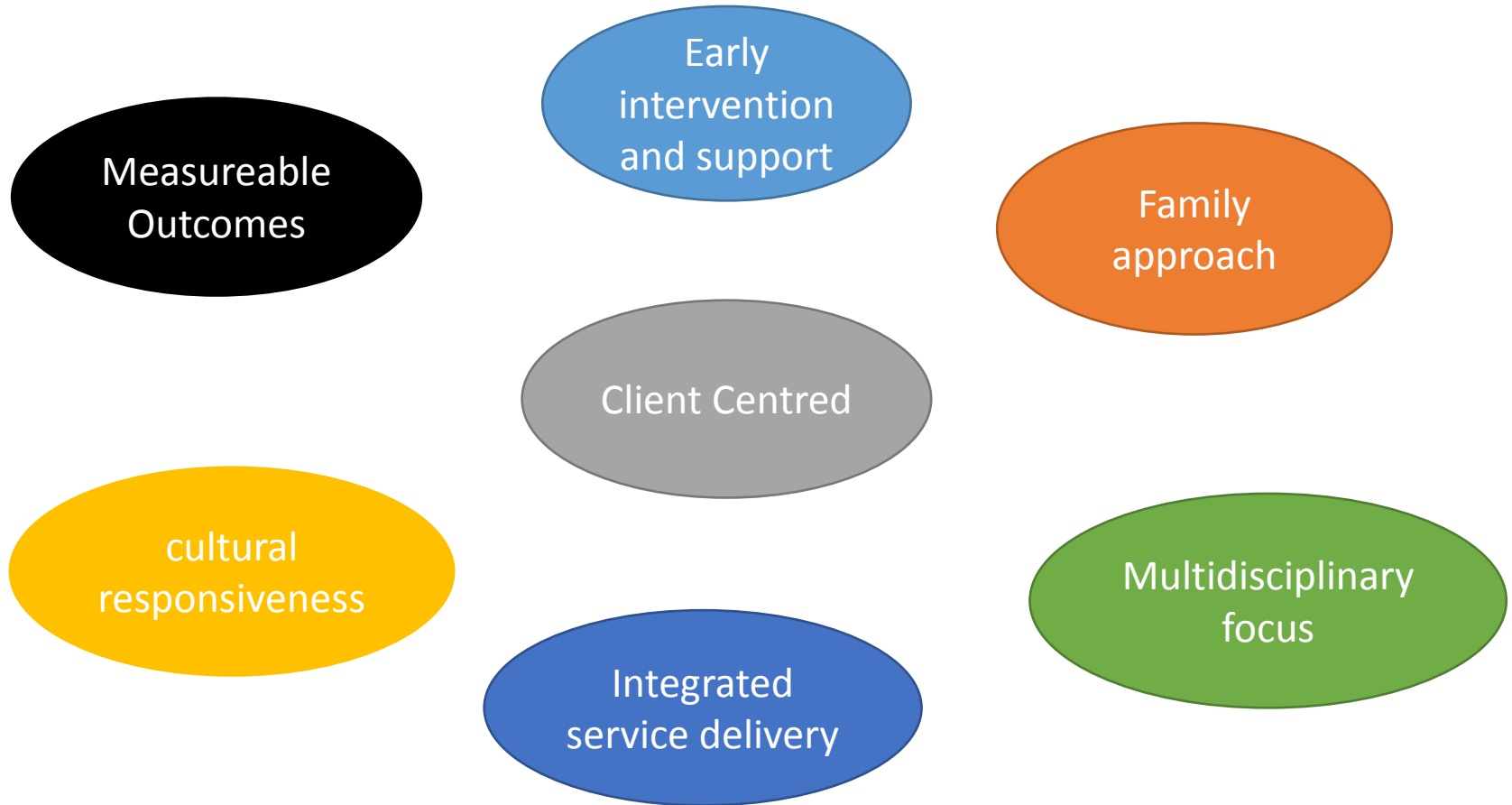
Definition – mental injury

‘a clinically significant behavioural, cognitive or psychological dysfunction’

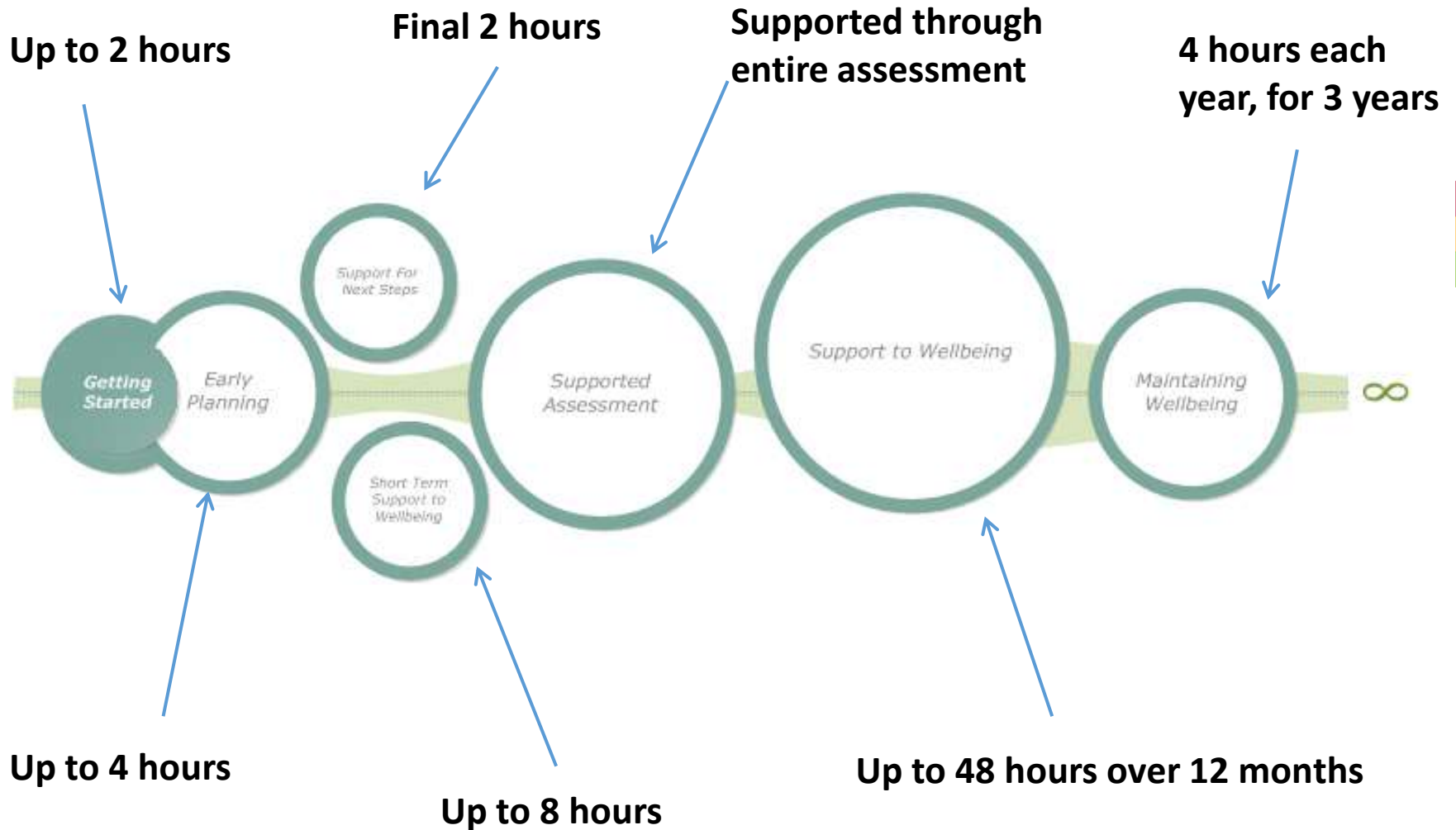
- Mental injury caused by physical injury
- Mental injury caused by a workplace traumatic incident
- Mental injury caused by sexual abuse/assault

## *ACC Service Design Principles*

# Service Principles



# Example: Integrated Service for Sensitive Claims





# Gaps - Psychologists

Increasing awareness of the value of psychologists

## Desired Areas of Expertise

- Clinical Neuropsychologists
- Psychologists experienced in
  - sexual abuse
  - TBI and
  - pain management
  - medical rehabilitation
  - health of older people

# Opportunities Abound

- The Sky Is the Limit!



## Questions?

We will be around \_\_\_\_\_ to meet with anyone interested in hearing more.





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