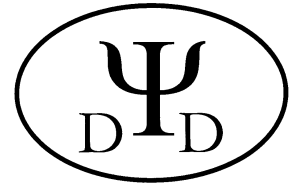

PSYCHDD

THE ASSOCIATION OF PSYCHOLOGISTS
IN DEVELOPMENTAL DISABILITY SERVICES

ABN: 22 404 141 513



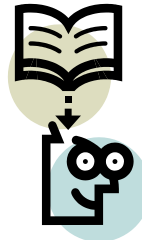
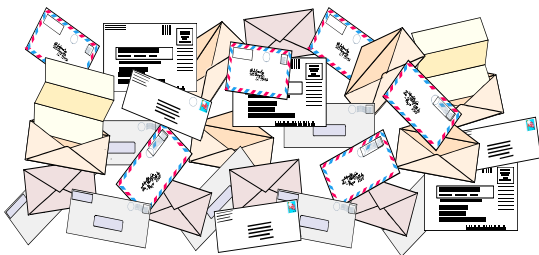
Newsletter

AUGUST / SEPTEMBER / OCTOBER 2010

ISSUE 88

Welcome to the August/September/October PsychDD newsletter for 2010. We have 2 new committee members, about which more is said inside, in From the Chairperson. This newsletter contains many bits and pieces, including flyers for the conference and pre-conference workshops, as well as a write-up of our 2nd Forum. Please be mindful if printing, and just print the parts you want. Enjoy!

Andrew Marynissen, Newsletter Editor



Call for Contributions

Dear Readers, while the main purpose of this newsletter is to publicise PsychDD events, some of you have indicated that you would like to see more. I would also like to make this newsletter better, but I need help from you, the members.

Contributions are requested from members, and are needed to make this newsletter the powerhouse of information it has the potential to be. Contributions can be anonymous. It could be as simple as a link to a website. Comments on talks, forums, books, tests and tools, conferences, courses and symposia are most welcome.

I do my best (with the time I have) to try and find interesting information, but as you can see I would benefit from member contributions, no matter how small.

If you have anything to contribute, please email me at andrewm6@chw.edu.au

From the Chair

Dear Members,

Welcome to the 2nd Edition of our Newsletter for the year 2010, which brings us to the last quarter of the year and inevitably closer to the XIX Annual PsychDD Conference, which will take place on November 26th!

PsychDD Committee

Recently our committee has welcomed two new members Meitty Parman and Emel Solak. Meitty has taken over the role of the Award Coordinator, while Emel is now responsible for the workshops and forums coordination. On behalf of all members, I would like to wish them all the best. We are looking forward to their valuable contribution. Our committee has still room for more members, especially those who have some IT skills to help us manage our Website. The committee meets every 2 months on Mondays (3:30-5 pm), in Bankstown, suite 5/400 Chapel Rd. There is more information about this elsewhere in the newsletter.

News from the Sector – National Registration and Accreditation Scheme

As you remember, new National Registration and Accreditation Scheme is in place as of the 1st July 2010. Most of us by now should be familiar with our new registration number, issued by the Psychology Board of Australia, which is much longer and harder to memorise than the old one....Having a new number is one of the several changes which will affect all practicing psychologists. Those changes include an introduction of the complex mandatory reporting guidelines for psychologists, an adoption of the APS Code of Ethics as a nation wide code for our profession as well as significant changes to 4+2 graduate supervision programs. All this information can be accessed through the PBA website (www.psychologyboard.gov.au). The new Psychology Board of Australia is a part of the Australian Health Practitioner Regulation Agency (AHPRA), the organization responsible for registration and accreditation of 10 health professions Australia-wide.

2009 Annual Conference and Pre-Conference Workshop

The XIX Annual Conference is coming up in less than two months and preparations for this year's events are in progress. This year the Call for Papers has been now closed, but you can still nominate yourself or one of your colleagues for an Annual PsychDD Award for long service in developmental disability. As in previous years, nominations can be made for bronze (10 years), silver (15 years) or gold (20 years) award. If you wish to nominate someone, do not hesitate to contact our new Award Coordinator – Meitty on mparman@dsa.org.au. There is a nomination form at the end of this newsletter.

Looking forward to seeing you all in November!

Best wishes and regards,

Ewa Geba

Chairperson, PsychDD

presents the

19th Annual Conference

Sharing Good Practices to Gain Good Outcomes

November 26, 2010

Mercure Hotel Parramatta
106 Hassall St, Parramatta

General Information about Registration and the Conference

- Registration prior to the conference is **essential** (use the forms below) and will only be confirmed when payment is received. No payments will be accepted on the day.
- If your employer will pay for your registration, **please send your paperwork to them now so it can be processed and forwarded to PSYCHDD before close of registration.** You need to fill all the details of the Taxation Invoice and send it to your employer so that they can prepare payment. You also need to complete and post the Notice of Intention section to Emel Solak. Your Notice of Intention must be received by **October 15** to ensure that a place will be held for you. This only lets us know that you wish to attend. You will only be registered when payment is received.
- If you are paying for yourself, you only need to send in the Conference Registration/Taxation Invoice section of the form with your payment.
- This is a full day conference. Venue and other information will be provided upon registration.
- **Your registration includes on, morning tea, lunch and afternoon tea.**
- Confirmation of your registration will be sent to you by e-mail or fax. Receipts for payment (made to the payee) will be issued on the day.
- **Refund policy:** Refunds for cancellations will be provided where notice is given before November 22. Refunds after this time will not be provided however an alternative person to the one who is registered may attend.
- Registration and payment must be received by **October 29, 2010.**
- Conference program inquiries to John Wagner on 8876 4000.
- Check the PSYCHDD Website at <http://www.psychdd.com.au> for the full program during November.

Conference presentations

Presentations at this year's conference include:

- attitudes towards people with intellectual disability and training needs of mental health staff
- using new approaches from general psychology with people who have intellectual disability
- running groups on relationships and sexual awareness
- dynamic risk assessment
- treating people with intellectual disability who commit sexual offences
- social functioning of people with Down Syndrome
- teaching protective behaviours to young people with intellectual disability
- understanding the sexual lives of people with intellectual disability
- issues in the treatment of children with intellectual disability who have experienced trauma or abuse
- and more.....

Please include with your payment if paying for yourself or forward to your Payments Officer if your employer will pay for your registration

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IN DEVELOPMENTAL DISABILITY SERVICES
ABN 22 404 141 513

CONFERENCE REGISTRATION TAXATION INVOICE

TO:

Insert name and address of organisation paying for registration

CONCERNING: payment for registration of (name)at the function identified below

DESCRIPTION	GST	AMOUNT
Registration for PSYCHDD Annual Conference on 26/11/10	Not Applicable	<input type="radio"/> PSYCHDD MEMBER \$90 <input type="radio"/> NON MEMBER \$110 <input type="radio"/> STUDENT (full time) \$30 <input type="radio"/> PRESENTER free

If you have any questions concerning this invoice contact Emel Solak on 9707 2228

Please make cheque payable to PSYCHDD and mark "not negotiable". Address payment to:

Emel Solak
DSA Specialist Intervention Services
PO Box 3124
Bankstown NSW 2200



**Please complete and post this section to the address below
if your employer will be paying for your registration**
Notice of intention must be received by **October 15** and Payment by **October 29, 2010**

NOTICE OF INTENTION

Registration must be received by **October 29 2010**

NAME: _____

POSTAL ADDRESS: _____

Postcode: _____

PHONE: _____ FAX: _____ E-MAIL: _____

Please indicate I am paying for my registration (payment enclosed)
 My employer will pay my registration (indicate Organisation and Region)

REGISTRATION CATEGORY: please tick

- PSYCHDD MEMBER \$90 (GST not applicable)
- NON MEMBER \$110 (GST not applicable)
- STUDENT (Full Time) \$30 (GST not applicable)
- PRESENTER free

PLEASE POST THIS NOTICE OF INTENTION TO: EMEL SOLAK
DSA Specialist Intervention Services
PO Box 3124
Bankstown NSW 2200

**The Association of Psychologists in Developmental Disability
presents**

a workshop for Psychologists

by

Anders Hansson and Martine Fourie

from

Statewide Behaviour Intervention Service.

on

**Attachment and Bereavement
in Intellectual Disability**

Mercure Hotel, Parramatta
106 Hassall Street, Rosehill

Thursday November 25, 2010

About the workshop:

This workshop will explore bereavement experiences for people with an intellectual disability (ID). It will also look at strategies for supporting people with ID to overcome the disrupted attachments that occur as a result of their loss. Contemporary thinking within Attachment Theory will provide a backdrop for the discussion, with the focus being on providing participants with a holistic framework to support the person with ID and their family to readjust and adapt successfully to life after the death of someone significant.

About the Presenters:

Anders Hansson is a registered psychologist who currently is employed as a Senior Clinical Consultant with the ADHC Statewide Behaviour Intervention Service (SBIS) where he has been a member on the Children's Team since January 2005. Anders has held various positions within the disability field for 17 years. He commenced a psychologist position with DoCS Disability Services (now DADHC) in 1997. Anders has a particular interest in the function of attachment in the development of challenging/problematic behaviours in children and adolescents with Intellectual Disability.

Martine Fourie is a registered psychologist and a speech pathologist who also currently works as a Senior Clinical Consultant with the Statewide Behaviour Intervention Service, ADHC. Martine has worked with ADHC since 2004, as both speech pathologist and psychologist at varying times. She has an interest in the area of bereavement support for people with intellectual disabilities, particularly for people who do not use symbolic communication skills.

PLEASE NOTE:

Due to the small number of places available, PSYCHDD members have priority for registration until **October 8, 2010**. Please forward the Notice of Intention section of the registration form by **October 15** to ensure a place will be held if your employer will be paying for your registration.

Registration closes **October 29, 2010**

Please include with your payment if paying for yourself or forward to your Payments Officer if your employer will pay for your registration

PSYCHDD THE ASSOCIATION OF PSYCHOLOGISTS
IN DEVELOPMENTAL DISABILITY SERVICES
ABN 22 404 141 513

WORKSHOP REGISTRATION TAXATION INVOICE

TO:

Insert name and address of organisation paying for registration

CONCERNING: payment for registration of (name)at the function identified below

DESCRIPTION	GST	AMOUNT
Registration for PSYCHDD Pre Conference Workshop on 25/11/10	Not Applicable	<input type="radio"/> PSYCHDD MEMBER \$80 <input type="radio"/> NON MEMBER \$100

If you have any questions concerning this invoice contact Emel Solak on 9707 2228

Please make cheque payable to PSYCHDD and mark "not negotiable". Address payment to:

Emel Solak
DSA Specialist Intervention Services
PO Box 3124
Bankstown NSW 2200



Please complete and post this section to the address below if your employer will be paying for your registration

Notice of Intention must be received by **October 15** and Payment by **October 29, 2010**

NOTICE OF INTENTION

NAME: _____

POSTAL ADDRESS: _____

Postcode: _____

PHONE: _____ FAX: _____ E-MAIL: _____

NAME OF AGENCY PAYING FOR REGISTRATION (indicate Organisation and Region) _____

REGISTRATION CATEGORY: please tick PSYCHDD MEMBER \$80 (GST not applicable)
 NON MEMBER \$100 (GST not applicable)

Please complete and post to: Emel Solak
DSA Specialist Intervention Services
PO Box 3124
Bankstown NSW 2200

Conducted by Vivienne Riches

Participants: 27

Editor's note: Unless you are perfectly 100% happy with your job, you should read this. The content of Vivienne's talk touches on anyone who works in a job where the demands appear to outweigh the ability of the worker to meet them, whether real or perceived, and let's face it, that's just about every job these days.....

The essence of this talk was about the supports for staff who work with clients who have challenging behaviour, which is usually group home staff, but can apply to anyone who deals with challenging clients or other stresses in the workplace. There are many formal supports for the clients, but often not much thought is given to the staff, the stresses they face every day, and the support systems for these important and hard-working people.

Even beyond this, the content of this talk was applicable to anyone who suffers stress in the workplace. The talk outlines some of the stressors, some personal stress management strategies, as well as findings from research.

Staff support is important to reduce the effects of burn-out (mentioned later). The effects of burn-out can be disastrous to the physical and psychological well-being of the worker, which in turn will then impact on the worker's quality of work, the amount that they are sick, efficiency and turnover of employees, which in turn affects the whole workplace and the organisation that the workplace is a part of.

Staff need clearly delineated roles and responsibilities. They need boundaries so they know at what point their duties end. Vague role descriptions and not knowing the boundaries of their job is a big factor in staff burnout. Staff need to know what they are expected to put up with, or what they are expected to deal with. This could involve the regular risk of unexpected violence from an aggressive client. Staff need coping resources and an understanding of the risks of their job as well as protection available. Staff need supportive people, whether colleagues or management. The support needs to be meaningful to the person. Just giving someone advice on what they should do may not be adequate support if the person needs something more, such as validation, or respect, or a feeling that they are productive and are contributing to their team or to the community, or to the workplace.

In group homes and other supported accommodation, direct care staff have been found to have a profound impact on both the behaviour and quality of life of the individuals whom they support (research finding from several studies). Better outcomes relate to good staffing and positive natural support networks.

The disability field already has a disadvantage of having difficulty attracting workers to the field and particularly retaining staff. Among all this the disability field needs a workforce of competent trained staff in order to provide an acceptable service for our clients, who may rely on their residential care workers for more than just maintaining the home and 'being there' in case something goes wrong.

In disability services in general turnover is related to stress and burnout, and things will never get better until the workers are supported appropriately. Disability services have charters or policies outlining quality support for all service users. But what about service providers? Staff with no training may be asked to provide services to people who may have the most difficult behaviours and needs, and then they end up not coping. Examples may include working with a client with epilepsy with no training regarding what to do if someone has a seizure, or working with clients who have violent outbursts with no training about what to do in that situation. Sometimes staff from other cultures are hired specifically because their culture has different views on violence, and they may be more accepting of being subjected to unexpected violence in the workplace from an aggressive client, for example.

Staff working with clients who have complex needs must have an appropriate attitude towards human rights and positive human value systems. They should be appropriately trained so they have specific competencies required for their field of work. ~~The~~ They need ongoing training to handle changes in the workplace for which they may not have been specifically trained already. Legitimate boundaries are needed to help determine what is 'too much' or beyond the scope of their job or role.

Residents in supported accommodation can easily *tell the attitude of the worker* by the worker's body language and tone of voice, even if they are non-verbal and don't understand what is being said. Residents can pick up on the mood and attitude of their support staff, and it comes as no surprise that a resident may become distressed if they feel that they are a chore, and that their primary carers don't care at all. Challenging behaviours will usually result from this, especially if the resident cannot state how they feel.

Ask yourself this:

What can you do differently in the way you manage someone who is scared, confused or upset?

How would you want someone to manage you if you were in that same vulnerable position?

Behave calmly, try to listen, try to address their emotional needs. Speak to them, or if they are non-verbal, calm and caring body language and tone of voice can communicate volumes. This is clearly more important than making sure the floors are swept or the dishes are washed for the next worker's shift. Part of the problem is that support staff are unfortunately sometimes taught that their daily duties regarding the maintenance of the home are more important than providing support to the residents of that home.

Research has indicated that caring about the residents you work with can lead to a massive decrease in challenging behaviour. Current training is ~~not very good~~ usually classroom based which ~~often does not translate to practice~~. Staff may be taught a new more caring strategy, but if this is not followed up and reinforced, then staff will return to their old ways in as early as a 1-2 days after the training.

Emerging strategies to deal with this issue include changes to professional standards and ethics, advocacy from professional disability associations (eg: Disability Professionals Australia), better clinical supervision of staff, and staff recognition. Staff are seldom recognised for the good work they do, but if there is a mistake, then suggestions and criticism can come from many different sources. It is very important to look at the staff who are showing this good practice, to recognise the work they are doing, and to make them the example that other staff should aspire to, or even make them the model for service delivery in the group home. Not only does this lead to a better service for the client, but also leads to better and more motivated staff due to the recognition of their good work. Examples were given of staff coming up with ways of engaging clients at cheap costs by inventing simple games to encourage participation and activity. The example of 'balloon tennis' was given in the case of a group home with aged and bed-ridden residents. A sock over a coat hanger makes a good racquet, and an inflated balloon is the ball. This had a huge impact on the dynamics of the home and led to a better quality of life for staff as well as a much better quality of working life for the ~~workers~~ residents and staff.

On-the-job training has been found to be far more effective than classroom-style training.

Queensland study

In Queensland a system was trialled which involved a 'staff supporter' joining the group home staff in 12 group homes. This person acted as an intermediary between staff and management. This person themselves needed to be well trained, as they had to make it clear they were not 'spying' to find out 'what is really going on', and they also had to be honest and open with staff to encourage the same from staff, so staff would not just say 'everything's fine' and keep doing what they were already doing, when things were really not fine. The staff supporter was allocated ~~to a~~ 3 specific houses, so they ~~could be~~ were part of the daily issues, and ~~not just coming and going in~~ ~~different~~ were available to respond to staff concerns and requests in their allocated houses.

This system worked well in 75% of group homes (9), with the benefits *to clients* including: 33% increase in client activities and community participation, 29% reduction in challenging behaviour, 17% improvement in health, 17% increase in special client projects, and 21% improvement in a

variety of other factors, such as happier clients who were generally quieter and less agitated due to increased activity and community participation.

The benefits to *staff* included: 63% increase in general skills and knowledge, 45% increase in confidence, 30% increase in communication and mediation, 17% decrease in stress and conflict, a 13% increase in team work, and even a small reduction in staff injuries.

In 25% of cases (3 group homes) the system did not work. This resulted in no changes for the residents. There was a lack of trust or scepticism over the Staff Supporter role, or specific individuals in the role. Trust was found to be important for success, as well as collaborative skills.

When this was investigated further, it was found out that these group homes ran a bit differently from the others. Staff thought that management was out to get them and not trying to help. In some cases there were power plays, where a particular staff may have worked their way into the best shifts or the easiest (or most beneficial) work, and they were not prepared to let go of any of that. Some of the house staff were fairly senior and had made a group of people they trusted (within a group), and they were not prepared to give anyone else the benefit of the doubt. This indicated that staff need someone they are comfortable talking to about their issues or difficulties, whether it is a colleague or a manager, and that if the Staff Supporter is seen as an outsider or possibly with hostile intentions, then staff will not speak to them or give them the chance to make things better.

Staff Support and Satisfaction Questionnaire

Staff Support and Satisfaction Questionnaire (3SQ) (Harris & Rose, 2002, *Journal of Intellectual Disability Research*, 46(2), 151-157) was used as a framework for addressing a number of staff concerns.:- This questionnaire consists of 21 items with a 5-point rating scale, where 1= very unclear/very dissatisfied and 5=very clear/very satisfied. The 21 items are considered to address important issues in job satisfaction, or workplace satisfaction.

Areas covered include:

- **Role Clarity:** How clear staff feel about the main objectives of their job, the expectations of their immediate manager, the limits of their responsibility, how satisfied their manager is with their work. This issue also included boundaries. People with an intellectual disability may look to and rely on staff as parental figures or friends. This means boundaries can get easily blurred (Clarkson et al, 2009). Become aware of your feelings, attitudes, behaviours, thoughts, abilities, choices wants and limits. Get feedback from others. Learn to say NO when appropriate, and set limits on what you can and will do and what you can't and won't do.
- **Coping Resources:** Looked at the availability of counselling support and practical help at work, and staff satisfaction with this support. This is further discussed below, under *Stress and Burnout*.
- **Risk Factors:** Have risk factors been identified? Levels of satisfaction with risk identification. This could include general OH&S issues (safety, etc), psychological injury through harassment or bullying, or staff conflict. Staff problems are usually not dealt with the same way as client problems. Often staff problems are ignored, in the hope that they will work out. Organisational risk factors include leadership. Supportive leadership should-is most effective when it encourages a strong team morale focused on quality customer service, as well as collaborative peer working relationships. Managers should be supportive and show a high level of behavioural integrity, and model organisational values. Managers should provide high quality formal and informal feedback and address conflict directly rather than indirectly or not at all.
- **Supportive people:** This looked at staff perceptions of the support from their immediate manager or supervisor, support personnel, and colleagues. The 'Support Officer' study in Queensland found that significantly more staff who turned to their Manager for support when experiencing difficulties also sought help from the Support Officer rather than colleagues ($r=0.42$, $p=0.02$). Staff who sought help from the Support Officer were satisfied with this support ($r=0.49$, $p=0.01$), but they were not satisfied with support from their colleagues ($r= -0.44$, $p=0.01$). Staff who looked to their colleagues for support were less likely to look to their Manager or Support Officer for support. These staff were satisfied with the support they received from their colleagues ($r= 0.49$, $p= 0.00$) instead of support from the Support Officer

($r = -0.37$, $p = 0.04$). Staff valued leaders who displayed skill, experience and knowledge, good interpersonal skills and communication, trustworthiness and respect, and who were team players.

Power in leadership: Power is generally defined as the ability or potential to influence others (Farmer et al, 2005). Leadership uses power but is not power – it is a process through which power is used to direct and co-ordinate the activities of group members to achieve a goal.

Social power (French & Raven, 1959) identified five distinct social power bases that can be used: Coercion, reward, legitimate, expert and referent. Coercion is likely to lead to resistance. Reward is likely to lead to compliance, as is legitimate. Expert and referent are likely to lead to commitment. (Ratzburg, 2006 - Power Defined).

- *Job Satisfaction* questions included: Do you often think about finding another job? Do you feel like you belong to a valued staff group? How satisfied are you with your current work situation? What is your level of involvement in decision-making? Are you satisfied with this? What degree of support do you receive on the job? Poor job satisfaction has been associated with reduced positive interactions between service users and direct support staff, and lower levels of staff assistance (Rose, Jones & Fletcher, 1998). *Fairness:* 'A workplace is perceived to be fair when three key elements are present: Trust, openness and respect' (Maslach & Leiter, 1997, pg 52). *Resistance:* resistance is defined as: Opposition to somebody or something, refusal to accept or comply with something, the ability to refrain from something in spite of being tempted, a force that opposes or slows down another force (physics). *Resistance to change:* Change is unknown and therefore presents a threat to those affected. Change challenges the status quo and may be resisted because of powerful vested interests in maintaining the current equilibrium position. Change often means extra workloads for those affected by it (King & Anderson, 2002).

Participants completed the questionnaire as part of the forum today. Some items addressed the recognition you receive for the work you do, as well as having someone to speak to if necessary. Vivienne collected the questionnaires, and she will email me with the general result for publication in the newsletter, most likely in the next newsletter after this one.

Results from past use of this questionnaire indicate that staff need:

1. Fair working conditions: fair pay, safe working conditions, professional development opportunities.
2. Positive support: Positive practices that provide encouragement, acknowledgement, recognition and support; debriefing; clinical and operational supervision that empowers the individual.
3. Good communication: open 2-way communication, regular team meeting, involvement in discussions prior to big decisions being made.
4. Clear expectations and role descriptions: Clear role or position descriptions and guidelines leading to good understanding of what the job entails and the standards expected, and professional boundaries.

Stress and burnout.

Stress: 'A condition in which there is marked discrepancy between the demands placed on a worker and that worker's capacity or perceived capacity to respond' (Burrows and McGrath, 2000).

Long term exposure to high levels of stress may result in the condition known as 'burnout', comprising emotional exhaustion, depersonalisation and reduced personal accomplishment (Maslach, 1982).

Symptoms of burnout (Gaston, 2005):

- Physiological: Fatigue, insomnia, headaches.
- Emotional: Depression, apathy, anxiety, anger, demoralisation, dread of coming to work.
- Cognitive: Cynicism, intellectualisation of situations, withdrawal, decreased job satisfaction, questioning career.

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- Behavioural: .duced time with clients, unnecessary risk, increased humour, anger, avoidance, complaining, tardiness, absenteeism, clock-watching.

Sources of stress include:

Characteristics of service users, size and complexity of caseloads, excessive work loads, professional self-doubt, poor management, lack of social support, understaffing, job insecurity, poor job design, over-involvement with service users, financial insecurity.

Burnout intervention (Gaston, 2005)

Environmental/ organisational interventions

- Work pressure load
- Interpersonal factors – support!
- Environment-to-person match
- Professional development

Individual interventions

- Develop self-efficacy
- Improve coping style

Summary: Support for Staff in the workplace

- There is a need for clear articulation of roles and functions for all staff including Practice Leaders and Managers.
- Clear communication at all levels is very important
- Personal qualities, interpersonal skills, experience and knowledge of the person and of the support staff will have an impact on the seeking and success of support in the workplace.
- Both practical and emotional support are required by workers.
- On-the job coaching and training is very important and is a very effective way to teach, more effective in the workplace than classroom-style teaching.
- Collaborative skills – fostering team work, social and collegial relationships
- Understanding of social power and leadership is helpful.
- Reduction in staff conflict.
- Understanding and managing resistance.
- Fairness.
- Job satisfaction.

Vivienne had a lot of material to present and she didn't quite have enough time for it all, so there is less elaboration (by me) on some of the final material presented -Ed.

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1. Workload – Mismatch is indicated through experiencing your workload as too much, too complex and too urgent. Identify areas of mismatch such as *exhaustion, excessive availability, time pressure* and/or *too much work*. Setting appropriate objectives for taking action in terms of *resilience, uninterrupted time, time management or reducing workload*.
2. Control – Mismatch is indicated through experiencing problems in authority and influence, where you feel your sense of control over what you do is limited or undermined, and you don't have much say. Identify areas of mismatch such as *being micromanaged, ineffective leaders* and/or *ineffective teams* and set appropriate action objectives such as *increasing autonomy, shared leadership and/or team rehab*.
3. Reward – Mismatch is indicated through experiencing problems in the recognition, pleasure and compensation you get from your job. Identify categories of mismatch such as *insufficient compensation, lack of recognition* and/or *unsatisfying work* and set appropriate objectives in terms of *more money, acknowledgement or better job assignments*.
4. Community – Mismatch is indicated by experiencing problems in the social community of your job leading to stress and conflict. Identify categories of mismatch such as *diversiveness, poor communication* and/or *alienation* and set appropriate objectives in terms of *conflict resolution, improved communication* and/or *unity*.
5. Fairness – Mismatch is indicated through experiencing problems with justice in the workplace, where decisions can be arbitrary and favouritism rules. Identify areas of mismatch such as *disrespect, discrimination* and/or *favouritism* and set appropriate action objectives such as *promoting respect, valuing diversity* and/or *ensuring equity*.
6. Values – Mismatch is indicated by experiencing a significant disconnection in the extent to which you believe in the organisation and the organisation believes in you, where the core values of the organisation may not mesh well with yours. Identify areas of mismatch such as *dishonesty, destructiveness* and/or *meaninglessness* and set appropriate action objectives such as *maintaining integrity, promoting constructive values* and/or *adding meaning*.



PSYCHDD Award Recognition of Long Service



Have you worked in the field of developmental disability for 10, 15 or 20 years?

We want to recognise *your commitment* to this vibrant and challenging field.

When: Annual PSYCHDD Conference AGM
Friday 26th November 2010

How: Presentation of a Certificate at the PsychDD AGM
Have your name entered on our '*Honour Roll*' in the next newsletter and on the website.

What to do: **If you are current member** - absolutely nothing. If our records show that you are eligible for the Award, you will be automatically nominated and informed via e-mail.

If you don't wish to accept the Award or you are unable to come to the presentation ceremony, please contact Meitty Parman (Awards Co-ordinator) by Monday 15th November. Email: mparman@dsa.org.au

Rise in Membership Fees

Dear Members,

When PSYCHDD began in 1990 (as 'Psychddas'), the cost to members for yearly membership was \$10.00. Since the very beginning we have offered a conference every year, as well as 2 forums and a workshop (and more recently 2 workshops and a forum), and 4-5 newsletters a year (usually).

In November 2002 the membership fees rose to \$15.00 a year, which was still good value, and at that time attending a conference or a workshop as a member resulted in a saving of \$10-20, which then covered the cost of membership.

We are a not-for-profit organisation, but we do need to cover the costs of the events we run. In line with the rising costs of venues and catering, we need to increase the fees for operating the Association. We are doing our best to keep the costs down, but membership fees, conference attendance fees and workshop attendance fees will rise slightly in 2010.

In November 2010 the membership fees will rise to \$20.00 a year. This is still good value, and the cost would be made up by attending one of our workshops or conference as a member, which will result in at least a \$20.00 reduction, effectively making membership free if you attend one of our big events (workshop or conference). So when memberships are renewed at the conference this year, you will be asked to pay \$20.00 instead of \$15.00.

Forums will remain free to members, and any of you would be hard-pressed to find a full-day conference (that is catered) for the cost of around \$100.

Andrew Marynissen, Editor

Disability news

PM promises cash for disabled children

By online political correspondent Emma Rodgers

Updated Thu Jul 29, 2010 11:21am AEST

ABC News

Children with a disability would be given \$12,000 to help pay for early intervention treatment under a re-elected Labor government, Prime Minister Julia Gillard has announced.

Labor would also fund an extra 150 supported accommodation places for people with disabilities and \$1 million to help them find work.

Ms Gillard outlined the measures during a speech in which she unveiled the Government's national disability strategy in Melbourne today.

Ms Gillard said early intervention services for children were vital.

"Australia must do more to help people with a disability," she said.

Under Labor policy almost 8,000 children under six would be eligible to receive up to \$12,000 of early intervention therapies and services.

Those services would include treatments such as speech pathology, occupational therapy, physiotherapy and psychology.

Parents could claim up to \$6,000 in one year from July 2011.

Ms Gillard also announced that another 20,000 children up to the age of 13 would be eligible for Medicare rebates on a range of treatments.

According to Government figures, 180,000 children under 15 live with a severe disability and by 2030 there will be 2.3 million disabled Australians.

Speaking at the MS Australia Nerve Centre in Melbourne, Ms Gillard said more work had to be done to improve the lives of disabled people.

"The status quo isn't good enough," she said.

"There is much more to be done in our journey of inclusion and reform."

She said the national disability strategy would help the Government create better services for disabled people.

"I'm also delighted that the national draft strategy means support and mentoring to help people with disability become leaders," she said.

Autism can be diagnosed with brain scan – study

Alok Jha, guardian.co.uk, Tuesday 10 August 2010

Study shows 90% success rate in detecting adult males with ASD, and researchers hope the simple technique will rapidly identify children at risk

A simple 15-minute brain scan could help doctors diagnose people with autism by identifying structural differences in their brains. Scientists say the scans would speed up what is currently a long and emotional diagnostic procedure and allow the identification of at-risk children more rapidly.

"We know already that people with autism have differences in brain anatomy and some regions are just bigger and smaller or just different in shape," said Christine Ecker of King's College Institute of Psychiatry in London. "Our technique can use this information to identify someone with autism."

Autistic spectrum disorder (ASD) is a lifelong condition caused by abnormalities in the development of the brain that affects around half a million people in the UK. The vast majority of these are male, and diagnosis usually involves a lengthy process of interviews and personal accounts from family and friends close to the patient.

Medical researchers at the IoP compared the brain scans of 20 adults with autism against those of 20 adults without. They found significant differences in the thickness of tissue in parts of the grey matter in areas of the frontal and parietal lobes which are responsible for functions including behaviour and language.

In the experiment, Ecker showed that her imaging technique was able to detect which people in her group had autism, with 90% accuracy. "If we get a new case, we will also hopefully be 90% accurate," she said. The research, supported by the Medical Research Council, Wellcome Trust and National Institute for Health Research, is published today in the Journal of Neuroscience.

Declan Murphy, professor of psychiatry and brain maturation at the IoP said the new method would help people with ASD to be diagnosed more quickly and cost effectively. "Most importantly, their diagnosis will be based on an objective "biomarker" and not simply on the opinion of a clinician, which is formed after an interview. Simply being diagnosed means patients can take the next steps to get help and improve their quality of life."

Uta Frith, emeritus professor of cognitive development at University College London's Institute of Cognitive Neuroscience, said: "This study shows that the subtle brain abnormalities associated with autism show a distinctive pattern. However, it will need many more studies before the technique used in this study can be used for diagnosis. It is crucial that we learn more about what the brain abnormalities mean. The authors in the paper itself say their results are preliminary and serve as 'proof of concept' rather than a definitive means of diagnosis."

Ecker found there was a correlation between the severity of a person's autism and the amount of structural difference observed in their brain scans, compared with the control group. "We can see that, on the basis of the brain scan, some brains are simply located quite far away from the 'control' brain, whereas some are more like the controls, so the autism wouldn't be that severe."

The IoP team scanned the brains of 20 healthy men and 20 men with ASD, aged between 20 and 68 years. The men with ASD had already been diagnosed by traditional methods, which includes IQ tests, a psychiatric interview, physical examinations and a blood test. Once all the brains had been imaged using a standard clinical MRI scanner, the pictures were analysed for differences using a technique called pattern classification, which is widely used in facial recognition technology but has not, until now, been used on brain scans.

So far, Ecker's team has only looked at men but there are plans to extend the work to women and children. "We think this approach will work even better with kids because the brain abnormalities you see in autism develop over the life span and they're most prominent during childhood," she said. "If we can get up to 90% accuracy in adults, we think it'll be even better in kids."

Carol Povey, director of the National Autistic Society's Centre for Autism, said the study gave a valuable insight into the way people with autism process and understand the world around them. "Eventually, the researchers hope that brain scans might also be a useful diagnostic tool. While further testing is still required, any tools which could help identify autism at an earlier stage, have the potential to improve a person's quality of life by allowing the right support to be put in place as soon as possible."

She added: "However, diagnosis is only the first step. At the National Autistic Society, we frequently receive calls from people who have struggled to get support, leaving them anxious, frustrated and in some cases depressed or even suicidal. Research that improves our understanding of autism, is therefore part of a wider struggle to enable people with autism to access appropriate support at every stage of their life."

From EmaxHealth.com (<http://www.emaxhealth.com/1506/toddlers-autism-pronounce-words-differently>)

A new automated vocal analysis system has found that autistic toddlers pronounce words differently than their healthy peers. The researchers hope the technology could help paediatricians screen children for ASD so they can receive earlier and more effective treatment.

Researchers from Kansas University used a device called LENA, or Language Environment Analysis, which works by recording a child's speech for a day and then feeds the data into a special computer program that compares the early speech noises with those of other children known to have Autism Spectrum Disorder. The device is small enough to fit into a pocket of specially designed children's clothing.

The study included 1,486 recordings from 232 children aged between 10 months and four years. Recordings were made by the parents at home and in other natural environments. The 3.1 million different identified utterances were then passed through a computer-based algorithm based on the 12 acoustic parameters associated with vocal development. The system picked up those with autism with 86% accuracy.

The early speech of infants with autism, particularly the way they pronounce the syllables of words, are distinct from those of typically developing children. It also identified cases of language development delay.

Early diagnosis and treatment of autism can have a dramatic effect on the development of children, said Professor Steven Warren, professor of applied behavioral science at UK. Identifying children early can lead to a faster referral to a specialist for a full diagnosis and individualized treatments.

Warren says that children with autism spectrum disorders can be diagnosed at 18 months but that the median age of diagnosis is 5.7 years in the United States.

The study was reported in the July 19 online Proceedings of the National Academy of Sciences

Submitted by **Denise Reynolds, Registered Dietician, North and South Carolina, USA** on 20/07/2010.

Autistic kids often fussier eaters, but nutrition OK

From The Tehran Times, Iran's leading international daily
(http://www.tehrantimes.com/index_View.asp?code=223468)

As many parents of autistic children can attest, youngsters with the disorder are often slower to eat solid foods and become pickier eaters as they get older, new research shows. However, the good news from the study is that the nutrition and growth of these kids typically doesn't seem to suffer.

Problems with eating can emerge as early as infancy in children with autism and can become more pronounced with age, the study authors found.

Researchers collected data on the eating habits of nearly 13,000 children born in southwest England in 1991-92. Children were tracked from birth, and their parents filled out questionnaires about their youngsters' eating habits.

About 80 children were later diagnosed with an autism spectrum disorder, a neurodevelopmental condition that appears in the first three years of life and is characterized by impaired social interaction and communication and restricted or repetitive behavior.

Parents of children later diagnosed with autism were more likely to report their children had feeding difficulties between 15 months and 54 months old, including being "very difficult to feed," "very choosy," or eating non-food objects, a disorder called pica.

For example, parents whose children were later diagnosed with autism reported that at 6 months of age their children had later acceptance of solid foods and took longer to eat than children without the disorder.

As kids reached 15 months, about 8 percent of parents of autistic kids reported their children were “very difficult to feed,” compared to about 3 percent of kids without autism.

And for kids between the ages of 4 and 5, about 26 percent of parents said their autistic children were very difficult to feed, compared to 10 percent of youngsters without the disorder.

Autistic kids were also pickier eaters. At 15 months old, 9.5 percent of parents of kids later diagnosed with autism considered their children “very choosy,” compared to 5.4 percent of parents of kids without autism.

Between 4 and 5 years old, 37.5 percent of parents of autistic kids said their child was “very choosy,” compared to about 14 percent of the parents of other kids.

Yet despite the challenges parents may face in getting their autistic children to eat a balanced diet, researchers found no differences in the height, weight or body mass index (BMI) of kids with autism compared to their non-autistic peers at age 7.

Autistic children ate fewer vegetables, salads and fresh fruit than other children, but they also consumed fewer sweets and soda, the study team found.

And an analysis of reported food intake showed autistic children and non-autistic children consumed similar amounts of calories, fats, proteins and carbohydrates.

Aside from small differences in levels of vitamins C and D, autistic and non-autistic children were getting similar amounts of important nutrients. Autistic children's levels of hemoglobin, or iron, in the blood were slightly lower, but not enough to be statistically significant.

Taken together, parents of children with an autism spectrum disorder should breathe easier about their child's eating habits, said study co-author Pauline Emmett, a nutritionist at University of Bristol in England.

“Although children with autism spectrum disorders are more difficult to feed and they eat less variety of foods, this is not affecting the nutrients of their diet, their height, weight or BMI,” Emmett said. “There doesn't seem to be any major cause for concern.”

The study is published in the July 19 online issue of *Pediatrics*.

(Source: HealthDay News)

American Psychiatric Association- DSM-5 development

DSM-5: The Future of Psychiatric Diagnosis

Publication of the fifth edition of *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) in May 2013 will mark one the most anticipated events in the mental health field. As part of the development process, the preliminary draft revisions to the current diagnostic criteria for psychiatric diagnoses are now available for public review. We thank you for your interest in DSM-5 and hope that you use this opportunity not only to learn more about the proposed changes in DSM-5, but also about its history, its impact, and its developers. Please continue to check this site for updates to criteria and for more information about the development process.

DSM-5 was released on Feb 7 (2010) and will be up for one month for public comment at this website: <http://www.dsm5.org>



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Welcome to the Association of Psychologists in
Developmental Disability Services
(PsychDD)

Jobs

There are currently 2 casual / part time positions available in the Sydney Metro area for Psychologists with experience in disability.

[Click here for more details](#)

Incorporation

Last year, members of PsychDD unanimously voted in favour of the proposed incorporation rules. As of the 8th of February, 2008, PsychDD is an incorporated not-for-profit organisation. The Certificate can be found [here](#). Our constitution will shortly be available.

2008 Conference

The 2008 PsychDD conference (and pre-conference workshop) is

Have you visited the PsychDD website yet? It is located at www.psychdd.com.au

PsychDD Committee Meetings

Dear members,

Members of PsychDD have the right (and privilege!) of attending the PsychDD Committee meetings.

For anyone interested in attending these meetings, they take place from 3:30 pm to 5:00 pm on 7 occasions throughout the year.

Our current venue is at the offices of Disability Services Australia (DSA), at Suite 5/400 Chapel Rd, Bankstown.

Dates of meetings for the rest of 2010 are:

Mondays: November 15 (pre-conference meeting), and December 6.

Current PsychDD Committee

Chair:	Ewa Geba	4620 9660
Vice Chair:	John Wagner	8876 4000
Secretary:	Andrew Marynissen	9891 7202
Treasurer:	Laura Le Van	4620 9660
Newsletter Editor:	Andrew Marynissen	9891 7202
Membership Secretary:	Andrew Marynissen	9891 7202
Forum Coordinator:	Emel Solak	8722 2300
Conference Co-ordinator:	John Wagner	8876 4000
Workshop Co-ordinator:	Emel Solak	8722 2300
Pre-Conference Workshop Co-ordinator	Emel Solak	8722 2300
Awards Co-ordinator:	Meitty Parman	8722 2300
Webmaster:	(vacant)	
Publicity:	Andrew Marynissen	9891 7202
Public Officer (incorporation):	Andrew Marynissen	9891 7202
Committee member	Matt Frize	9841 9264



Please consider joining our committee!!

Are You PsychDD Material? You probably are!

Our committee is only a small one, containing only 7 people at the moment. The job of the committee is to manage PsychDD, ranging from organising forums, workshops and an annual conference, to publicity, newsletters, incorporation, membership and a website as well.

We are looking for Psychologists who would like to become part of our committee. We meet 7 times a year (roughly every 2 months) for 1½ hours on a Monday afternoon. Our current venue is at the offices of Disability Services Australia (DSA), at Suite 5/400 Chapel Rd, Bankstown.

Meeting dates are located on the previous page. Some of us also have responsibilities at forums, workshops and the annual conference.

Please consider joining our committee. We have changed our meeting times to be during business hours for committee members' convenience. If you are interested, please contact one of the committee members. Our numbers are listed (above) in every newsletter, and Andrew's email address is on the front page.



PSYCHDD MEMBERSHIP RENEWAL/APPLICATION FORM

Surname: Given names:

Employer: Position:

Mailing address: work or home:

.....

Phone no: work or home: fax:

E-mail:

Are you registered as a psychologist with the NSW Psychologist Registration Board? yes no

If yes, what is your registration status: full or conditional?

What psychology degree(s) do you hold?

Years of service as a psychologist working in the field of developmental disability services:

How did you find out about PSYCHDD (if you are a new member)?

.....

Do you have an area of special interests or expertise in disability work?

.....

Are you agreeable to your name and area of interest appearing in a directory of members' interests which we publish from time to time in the Newsletter *and on the internet*? yes no

Tick the contact details you are happy to have included:

mailing address phone number email

Please enclose \$20.00 annual membership payable to PSYCHDD and post to

Andrew Marynissen, PECAT
Locked Bag 4001
Westmead NSW 2145

Please note: Membership is GST exempt and valid until the annual conference (November) of that year.

Event photos (possibly containing attendees) may be published in newsletters and may also appear on the PsychDD website. Please advise if you have an issue with this. Contact: Andrew Marynissen on 9891 7202 (you can also leave a message) or andrewm6@chw.edu.au, or make a comment on this form.

IDEAS FOR FORUMS

We are interested to know what topics members would like to see presented as forums. Please tick three topics from the following list which has been derived from the member feedback form.

- syndromes and congenital disorders
- ageing and developmental disability
- management of challenging behaviour
- dual diagnosis
- new developments in psychological assessment for people with a disability
- cognitive-behavioural strategies
- working with families
- families from other cultures
- other.....

ABN: 22 404 141 513



PSYCHDD Award: Recognition of Long Service
Nomination form



The Award of Distinction for Long Service in the field of Developmental Disability recognises those who have worked in the profession for 10, 15 or 20 years. This award is based on fairly continuous service to the Developmental Disability field but does not have to be for the same employer.

Please note: PSYCHDD Members are able to nominate themselves for this award.

To be eligible for this award you will need to have each of the following:

1. Current PSYCHDD Membership
2. Current registration as a Psychologist
3. Have worked as a psychologist or used your psychology skills and qualifications in the Developmental Disability field on a fairly continuous basis (this allows for short absences such as maternity leave, secondments etc.)

Please submit nominations by **17th November 2010**

Name of nominee: _____
Organisation: _____
Phone: _____
Work role: _____
Email: _____

Years of service: 10 years service 15 years service 20 years service

Brief outline of professional biographical data of the nominee. Where has the nominee worked?

Will the nominated person be attending the Annual Conference on Friday 28th November 2008?
 Yes No

Name of PSYCHDD Member submitting nomination: _____ (if self-nominating 'as above')

Phone number: _____ Email: _____

A PSYCHDD Award for Long Service recipient will:

1. Receive a certificate at an award ceremony at the annual PSYCHDD Conference (*for those who would prefer not to be in the spotlight, this is not compulsory*),
2. Have their name placed in the PSYCHDD newsletter in recognition of their commitment to working in the field of developmental disability.

By submitting this form I acknowledge that my name and work title will be printed in the PSYCHDD newsletter and posted on the website, OR

I have informed the person named for nomination and they are aware that their name and work title will be printed in the PSYCHDD newsletter and posted on the website.

(please tick appropriate response)

Please submit nominations via email to Awards Co-ordinator Meitty Parman at mparman@dsa.org.au.