PROMOTING HEALTH in the WORKPLACE

SOUTH AFRICA’S HEALTHY COMPANY INDEX

Karen Milner
Associate Professor • Department of Psychology • School of Human and Community Development • University of the Witwatersrand

The link between work and individual physical and mental health has been well established for over 50 years (O’Driscoll & Brough, 2010). More recently, the workplace has been recognised as a key site for health promotion. There are compelling reasons for this, primarily relating to the increasing burden that chronic, dis ease-related ill health places on both individuals, organisations, communities and countries. According to the World Health Organisation, in 2005 non-communicable diseases accounted for approximately 35 million deaths worldwide, with 80% of these deaths occurring in middle and low income countries (WHO/World Forum Economic Forum Report, 2008).

Current projections are that chronic diseases will account for 388 million deaths globally over the next ten years, and that 36 million of these deaths could, potentially be prevented (World Economic Forum Report, 2007). What makes these deaths preventable are modifiable risk factors, including smoking, physical activity, diet, stress and alcohol (World Economic Forum Report, 2007). The worksite represents a focal point for targeting these modifiable risk factors. In addition to addressing these predominantly physical risk factors, there is increasing utilisation of the workplace as a site for the delivery of mental health interventions (specifically anxiety and depression), which have met with some success (Martin, Sanderson & Cocker, 2006).

There is also increasing evidence of the business benefits associated with improving worker physical and mental health. These benefits are not merely the result of lower health care costs. Improving employee health through worksite health initiatives have been found to impact positively on productivity, primarily through reduced absenteeism and presenteeism (reduced effectiveness while at work to due ill health). Indeed, estimates of the return on investment of workplace health promotion initiatives are in the region of 3 to 1 (Goetzl, Juday & Ozminkowsky, 1999). In other words, for every $1.00 spent on health promotion in the workplace, $3.00 may be gained in reduced costs and increased productivity. Other benefits include improved morale and positive employer branding.

There is a substantial amount of work being done internationally to research and support worksite-based health initiatives (e.g. Childress, 2006; O’Donohue, 2010). However, very little information is currently available in South Africa, either on the extent of the burden of chronic disease on South African organisations and the overall state of health of South African employees, or on prevalence the health promotion initiatives within the South African workplace. Against this background, Discovery Health initiated a joint project with researchers from the Departments of Psychology and Statistics and Actuarial Science at Wits University, Health Sciences at UCT and the Institute for Health and Productivity Studies at Emory University in the USA, in order to assess the healthiest company in South Africa, based on a set of metrics that evaluate company wellness facilities as well as the health, fitness and health related behavior of their employees.

Participation from both employers and employees in the Healthy Company Index has been exceptional. Over 100 companies have registered and more than 10 000 of their employees have completed the survey. Initial results reveal that health promotion initiatives of various types are becoming a feature of the South African corporate landscape. The data is still being analysed but some interesting information is already emerging from the feedback received from participants. Comments from participating employees have highlighted a sense of unawareness of the impact of lifestyle on overall health. As part of the report they receive, employees get feedback on their Vitality Age, which is an indicator of overall health risk. Vitality Age is based on various factors, including body mass index, cholesterol, blood pressure, fruit and vegetable intake and physical activity. Based on these risk factors, a person’s Vitality Age is either higher or lower than chronological age and is a useful way of understanding the impact of lifestyle. Employees were in some instances shocked by their Vitality Age and the effect that certain habits or risk factors have on their overall health. Awareness of this effect is paramount to driving behaviour change towards better health.

Ultimately, it is hoped that the Healthy Company Index will provide useful baseline data to assist health professionals, including psychologists, to develop and implement effective, impactful health promotion initiatives within the South African workplace.

references on page 3
Notice is hereby given that the 17th Annual General Meeting of the Psychological Society of South Africa will be held at the Emperors Palace, Johannesburg at 09h00, 14 September 2011, for the following business:

1. To receive and consider the annual report, including financial statements, of the Society for the year ending 31 December 2010;
2. Election of Office Bearers;
3. Transacting any other business as may be transacted at an Annual General Meeting.

DR EMMANUEL TLOU
PRESIDENT
JOHANNESBURG
he question of the relevance of the profession of psychology in the South African context, particularly to indigenous black people, was a flavour of the times when I did my clinical psychology training during 1990-1991. At the time everybody in the profession recognised that psychology had to redefine its role as a curative science and make itself relevant to the needs of the previously unserved. I recall someone at a conference saying psychology needed to “step down from its ivory tower”. At the time it was estimated that 90% of South Africans that required psychological services, mainly black, peri-urban and indigenous-language speaking, had no access to them. So, it became a trend to recruit more young black people into the Masters training programmes in order to address the burgeoning need.

A referral I got during November 2010 made me realise that the psychology profession has not ventured very far since I did my training. The referral was as follows: a person known to my family wanted me to counsel her 42-year old brother with a serious gambling problem. She was particularly worried about her brother, who works as a cleaner in one of the government departments in Pretoria. I decided that, as an adjunct to psychotherapy, I would benefit from participating in a support group to rebirth reposition psychology to serve these other South Africans.

Battling to assist my Sesotho-speaking client made me wonder what happens to the many young indigenous-language speakers (I am trying not to say black) who qualify as psychologists. Looking at myself and a few colleagues known to me, I then realised that most psychologists do not return to their home communities on qualifying. The result is that poor people (the romanticised subject of almost all political speeches) have no one to look after their mental health needs because the experts have all migrated to the cities. Where mental health services exist in poor communities, they are offered by NGOs staffed by people who are not psychologists. Psychologists are mainly in environments where they can access the 20% of South Africans that are on medical aid. The closest psychologists get to psychological services is when the psychology departments at universities conduct clinics as part of their community psychology training. Again, these services cease when the university closes at the end of the year and the students move on.

At the time of writing this piece, the country was recovering from devastating floods in some regions. Television news beamed reports of people who lost everything in the floods and, as a result, were unable to survive. The psychological trauma of such loss is unimaginable, especially for the uninsured such as the people featured in the news coverage. At the forefront of relief efforts were emergency medical and trauma service personnel who, it turned out when I enquired, provided all the trauma counselling the flood victims required. They admitted that they would benefit greatly from the involvement of psychologists, counsellors, social workers and others involved in counselling support services. Psychologists, registered counsellors and senior psychology students definitely have a role to play in disasters. This time it was floods; next time it might be a terrorist bomb. We must be ready to get involved when events requiring our skills occur.

This brings me to the issue of psychology’s social responsibility. Psychology has a responsibility towards serving society. After all, it is members of society, in particular the poor who use state services, who served as (in)voluntary ‘guinea pigs’ for our research projects and case studies when we were still in training (before we realised there was more money to be made outside of these communities).

Part of the reason corporations have social responsibility programmes, I think, is that not only is it good for their image but they realise they owe their existence to society. Being seen to do good for society probably contributes greatly to society’s willingness do business with those corporations. Hence their chances of survival in that society are greater.

If communities see psychologists providing services that benefit them they are likely to value the services of psychologists. Only our work will sell us. Going back to the example of floods and other disasters, here is my idea: To raise the profile of psychology in our society I suggest we form a nationwide trauma counselling support network that would be on standby to work with emergency rescue and medical services in times of disaster.

The idea is we will establish a province-by-province register of psychologists and registered counsellors who volunteer for trauma counselling services when disasters occur. A coordinator will be appointed per province and emergency services would have contact with that person when a need to mobilise a counselling team is identified. I proposed this idea at the last Executive meeting and it was favourably received by all of its members. We would like to hear your views on how such a project can be implemented.

Perhaps we could have a round table discussion at the next congress on this issue? As the conference speaker said those many years ago, it really would benefit the profile of our profession if we just stepped down from the ivory tower.

Dr. Emmanuel Tlou
President
PsySSA

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PROMOTING HEALTH IN THE WORKPLACE

REFERENCES


MEMBERSHIP

WHY SHOULD YOU RENEW?

PsySSA Members get access to the following:
• A regular Newsletter, PsyTalk.
• Free subscription to the quarterly South African Journal of Psychology worth R1700.
• Reduced fees to workshops and PsySSA Activities.
• Reduced fees to the Annual National Psychology Congress.
• Free Ethics Committee advice and resolution of issues for members.
• Free e-mail addresses for members.
• The most cost-effective professional indemnity insurance designed exclusively for our profession.
• Regular referrals through the PsySSA Directory of Psychologists in Private Practice.
• Networking activities throughout the country.
• New work opportunities nationally and abroad.

Membership Renewal:
• Ignore username and password fields
• Click on “Why Join PsySSA”
• Click on “Renew Your Membership”
• Provide the required details and submit (after submitting you will receive your username & password)
• Please remember to fax the proof of payment to (011) 486 3266/77 so we can activate your username and password

New Members:
• Visit www.psyssa.com
• Go to “Why Join PsySSA”
• Then click on “Become a Member”
• Provide the required details and then submit (after submitting you will receive your username & password)
• Please remember to fax the proof of payment to (011) 486 3266/77 so we can activate your username and password
• Should you require any assistance contact the PsySSA Office at 011 486 3322
17th SOUTH AFRICAN PSYCHOLOGY CONGRESS
13-16 SEPTEMBER 2011    EMPERORS PALACE, JOHANNESBURG

PSYCHOLOGISTS’ ROLE in National Issues and Natural Disasters

The deadline for the submission of abstracts has been extended to TUESDAY, 3 MAY 2011

For more information visit the following links:
• Submission of Abstracts
• Guidelines for the preparation of Abstracts
• Congress Registration Form

Dr. Emmanuel Tlou informed the University of South Africa’s (UNISA) Centre for Applied Psychology (UCAP) on 23 November 2010 that the Executive Committee of The Psychological Society of South Africa (PsySSA) made the decision to endorse the International Network on Lesbian, Gay, and Bisexual Concerns and Transgender Issues in Psychology (INET)’s project. The Arcus Foundation is interested in funding collaboration between INET and PsySSA towards PsySSA becoming a stronger regional organisation, a model “regional hub” so to speak, to promote capacity and membership of other psychological associations throughout Africa in the work of INET. The idea, as proposed by INET, is to foster “elite medical opinion” and active and vocal participation in current and anticipated debates globally about LGBT issues and concerns.

PsySSA, in its quest to develop the discipline of psychology nationally and internationally as a means of enhancing the human well-being of all, will collaborate with regional psychological associations to support the Arcus Foundation’s vision of advancing LGBT rights in Africa, should funding be made available.

The International Congress of Psychology (ICP) that will be hosted in Cape Town, South Africa in 2012, also presents a unique opportunity to achieve the vision of PsySSA serving as capacity-building hub for Psychology’s contribution to the advancement of LGBT rights in Africa.

UCAP, as an affiliate member of PsySSA, and thus represented on the PsySSA Council, will be instrumental in pursuing these objectives with the support and guidance from INET. UCAP Director, Prof Juan Nel, has since 2007, represented PsySSA on INET, housed at the Lesbian, Gay, Bisexual and Transgender (LGBT) Concerns Office of the American Psychological Association (APA). Dr Carlen Lubbe-de Beer, Department of Educational Psychology, University of Pretoria, serves as corepresentative of PsySSA on INET and will thus contribute to this project.

In South Africa, psychology as a profession has made great strides in promoting LGBT-affirmative practices as well as in using its voice as an instrument to promote good governance and legislation based on scientifically grounded, evidence-based knowledge. Also, psychology as a discipline is becoming an evermore active participant in efforts to ensure that the rights and well-being of all people in Africa are protected. If these efforts are to be sustained, the network of individual psychologists, psychological organisations and psychological associations who are willing to take action in support of LGBT persons must be expanded on the African continent. In the words of the past president of PsySSA, Professor Kopano Ratele, “...each of us should be taking a lead in developing psychology and deploying its insights for the advancement of human well-being in this society and beyond the borders of South Africa.”

PsySSA as the sole member of INET in Africa has the responsibility to lead in the work of INET on the continent and has begun to commit itself to that leadership role. To this effect PsySSA issued a position statement in January 2010 to oppose the proposed Uganda Anti-Homosexuality Bill of 2009 and an open statement on 16 November 2010 expressing concern regarding the vote of the South African representatives in favour of an amendment to remove a reference to sexual orientation from the resolution of the United Nations condemning extrajudicial, summary and arbitrary executions and other killings.

UCAP on behalf of PsySSA, with INET’s guidance, funding permitting and in accordance with the objectives set out in their detailed work plan, aims to:
• Develop a UNISA post-graduate psychological course in African perspectives on sexuality and gender to be presented under the auspices of UCAP as a pilot in January 2013. The focus of the envisioned course will be on sexuality, not limited to sexual minorities, and specifically on the various roles of psychology within the field of sexology.
• Develop detailed programming and planning meetings to bring together psychology professionals and psychological associations, in particular from Africa, in the ICP 2012 Sexuality Stream.
• Establish a Sexuality and Gender Division within PsySSA.
• Develop African psychological guidelines for LGBT-affirmative practice.
• Produce position statements (such as that written to Uganda) to ensure that the rights of LGBT persons in Africa are observed.
SACNA is a peer-credentialed Association of psychologists who has been in existence for nearly 25 years aimed at promoting and stimulating interest in neuropsychology, and at maintaining standards in neuropsychological practice through ensuring that its membership has demonstrated knowledge and competence in the field. The intention of the Association is further, to promote the professional development of clinical neuropsychology in South Africa through:

• Encouraging training and CPD activities
• Maintaining regular meetings at regional levels attended by psychologists from across the various categories and related professionals
• Hosting a national bi-annual conference
• Liaising and consulting with the Professional Board for Psychology, the Division of Neuropsychology, and other bodies pertinent to neuropsychology in this country. Full members of SACNA are all psychologists who have been registered with the Health Professions Council of South Africa for a minimum of 2 years and who have demonstrated minimum levels of competence in the field of neuropsychology, via successful completion of an entrance examination and submission of several practical clinical reports for evaluation by the Credentialing Committee.

SACNA REGIONAL ACTIVITIES
With the view to keeping members engaged and participating in CPD related activities, SACNA has branches across the country. Psychologists and other health professionals who wish to take part in our activities can contact the following:

**EASTERN CAPE BRANCH**
Mrs. Pat Hill
Telephone: 043-7351838; (082) 3936564
Email: patmhill@telkomsa.net

**FREE STATE BRANCH**
Mr. Benjamin Janecke
Telephones: 051-520-1230; (073) 148-6360
Email: b.janecke@cnery.co.za

**GAUTENG BRANCH**
Mr. Jeremy Elton Bloye
Telephones: 011-462 3234; (073)-472 6697

**KWA- ZULU NATAL BRANCH**
Mrs Marlene Wells
Telephone: 031- 201-9264; (083) 778-1918
Email: psych@cybersmart.co.za

**WESTERN CAPE BRANCH:**
Dr Frances Hemp
Telephone: 021- 531-0541;
Email: franhemp@yebo.co.za

**SOME OF THE TOPICS COVERED AT REGIONAL MEETINGS IN 2010**

- Neuromodulation: Changing function, changing minds (cortical mapping and deep brain stimulation)
- HIV in children: research with the extended Griffiths Scales
- Paediatric Neuropsychology
- Pathophysiology of sleep disorders
- Neuroscience and Psychotherapy
- And many others

Our Western Cape Branch has a regional newsletter (10 issues in 2010).

Below are the topics planned for 2011. Contact Dr. Hemp for more details.

**WESTERN CAPE SACNA MEETINGS FOR 2011**

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<th>DATE</th>
<th>SPEAKER</th>
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<td>16 Feb</td>
<td>Tania Pomario</td>
<td>Reflections on running a psychotherapy group for patients with brain injury</td>
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<tr>
<td>9 March</td>
<td>Chrissa Pretorius</td>
<td>Sense of coherence amongst male caregivers in dementia (the experience of men caring for wives with Alzheimer’s disease)</td>
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<tr>
<td>13 April</td>
<td>Dr Renata Schoeman</td>
<td>Cognitive impairment in first episode psychosis</td>
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<td>11 May</td>
<td>Tania Pomario</td>
<td>The pattern of executive function deficits in adolescents with FASD</td>
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<td>8 June</td>
<td>Dr Roger Melvill, Neurosurgeon</td>
<td>Functional movement disorders</td>
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<td>20 July</td>
<td>Prof Keymanthri Moodley, Head of Bioethics Unit, Stellenbosch</td>
<td>Start 17.00: 2 CEU Ethics points</td>
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<td>10 August</td>
<td>Leigh Schrief, Dr Jackie Hoare &amp; Others</td>
<td>Paediatric HIV</td>
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<td>14 Sept</td>
<td>Tania Botoulas</td>
<td>Prelinguistic skills in autism: early intervention</td>
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<td>12 Oct</td>
<td>Helen Ferrett, Jill Maslow &amp; Lauren</td>
<td>Boston Naming Test, local standardisation</td>
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<tr>
<td>9 Nov</td>
<td>Susan Malcolm-Smith &amp; Others</td>
<td>Autism (genetics, theory of mind, yawning)</td>
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The importance of rigour in assessment and research

In the first issue of the SA Journal of Psychology (SAJP) for 2011, the interested reader will encounter a fascinating compilation of contributions that have been placed in four groups that deal with similar issues. These four groups are:

1. Model development and assessment.
2. Research informing intervention and prevention.
3. Training issues in psychology.
4. The link between psychology and related disciplines.

The 11 articles cover the following topics:

2. Intervention groups for HIV-infected women: The need for additional services (Eloff, I., et al.).
5. Judgments of widely held beliefs about psychological phenomena among South African and Australian postgraduate psychology students (Kagee, A. & O'Donovan, A.).
7. Turkish students’ metaphorical conceptualisations of school counsellors (Ozabaci, N.).

continues on page 7
In an email dated 1 March 2011 from Dr Emmanuel Tlou, President of PsySSA, stated:

“The BHF has divided psychology into discrete sub-disciplines, each with its own billing code. This implies that psychologists registered in one category cannot claim using the billing codes of a different category e.g. a clinical person cannot claim for a school readiness assessment etc. While this is a step in the right direction, the educational psychologists and, lately counselling psychologists, are aggrieved about this development as they feel it is going to cripple their practices.

As part of the inputs I solicited for the meeting with the Board I received a letter from a formation called ReLPAG (Recognition of Life Long Learning Psychology Action Group) which claims to represent educational, counselling and industrial psychologists. The gist of their argument is that although their Masters training placed them in specific categories, they have evolved over the years to perform tasks that traditionally reside in categories other than theirs (I presume they mean clinical psychology as the clinical people are quiet on the matter). They have, as a result of additional training, been practicing beyond their original registration categories over the years. They feel the BHF sub-categories render them unqualified for the work they have been doing over the years.”

In the response from Ms Phuti Sebidi, General Manager at Discovery Health, the following was noted:

“...In the normal course of Discovery Health’s business, we continually question and test our funding policies. Consequently we have been engaging with certain members of our Association about specific aspects of psychology services, with a particular focus on educational, industrial and research psychologists. I understand that this has sparked much speculation about imminent payment rate changes from a medical scheme perspective.

While these discussions have given us significant insight into this area, I want to assure you that Discovery Health will not make any changes to our funding policy for psychology services prior to extensive research, engagement with the profession and the formulation of funding policies within the rules of the medical Scheme that aligned to best medical practice. Our primary interest lies in the delivery of sustainable, high quality care to our members.”

It has since emerged that some Medical Schemes have refused to pay an educational psychologist for working with adults which severely threatens the ability of psychologists to earn a living.

My view as Chairperson of the Tariffs Committee of PsySSA is as follows:

The argument has been raised that once a psychologist completes their Masters degree and internship, the psychologist is bound to remain within the narrow boundaries of their registration category. So, for instance, let’s take an educational psychologist who after qualification prolifically attended courses in Adult Psychopathology, Personality Theory, Clinical Hypnotherapy, Neuropsychology, etc, and works with many adults – and then gets a threat that they are not allowed to work with adults. The question, a valid one, is raised that the Professional Board of Psychology enforces, rightfully so, the rule that a practitioner must continually educate oneself, but then does not recognize the extra training that can allow for cross registration work.

On top of this issue, many universities have very similar training for not only clinical and counselling, but also educational psychology.

I propose in my position as Chair of the Private Practice Committee that PsySSA advocates one of the following paths with the HPCSA Professional Board of Psychology:

1. That the different categories disappear and that the Masters in Psychology becomes a Generalist category and specialisation happens with the Doctorate, similar to what Dr Saths Cooper suggested in previous correspondence, and that psychologists registered under the existing categories be given a chance to become a generalists or remain in their existing categories.

2. That the different categories remain, but that a psychologist be allowed to, through further education, training and internship, add other categories. This is currently reflected with the addition of the category of neuropsychology, where a clinical psychologist can fulfil the extra requirements and add neuropsychology to their registration.

3. That the opportunity for a transverse registration be provided for psychologists (as had been done in the past).

I need to point out that this is not just a discussion document but a deliberate attempt to further the debate regarding the issue.

I propose that PsySSA meets with the HPCSA Board of Psychology to advocate for this matter.

Chair: Dr M C (Ian) Opperman

SOUTH AFRICAN JOURNAL OF PSYCHOLOGY (SAJP)
The importance of rigour in assessment and research continued from page 6


9. An exploratory study of trainee and registered psychologists’ perceptions about indigenous healing systems (Ramgoon, S., et al.).

10. Developing a cognitive behavioural therapy model to assist women to deal with HIV and stigma (Tshabalala, J. & Visser, M.).


It is not surprising that all the articles in this issue of the SAJP (irrespective of the research paradigm adopted) discuss issues of rigour (quality assurance) (e.g. reliability, validity, trustworthiness, and credibility), be it directly or indirectly. The quality of any research on matters such as data verification can ultimately be assessed only once the steps to promote quality assurance (rigour) have been clearly delineated. Readers are accordingly invited to comment on how the different authors deal with quality assurance in their articles and whether ‘popular’ strategies to facilitate such assurance can still be considered sufficiently relevant in the postmodern era.

The contributions in this issue are, once again, diverse in terms of institution, gender and national or international profile. We are particularly pleased about the increase in the number of articles authored by black researchers. Sadly, we still experience considerable difficulty in soliciting a sufficient number of reviews to help us arrive at an informed decision regarding acceptance or rejection of an article. We also reiterate that reviewers receive three CPD points for each article reviewed, one of which is for ethics.

As always, I wish to thank colleagues involved in the editorial and publishing process for their sterling help and support. We wish to thank Dr Martin Strous and Ms Temi Nkambule (who have resigned from the SAJP) for their exceptional work at the SAJP over the past number of years. We also wish to extend a hearty welcome to Prof. Linda Theron (North-West University, Vaal Driehoek Campus), who has accepted our invitation to join the editorial team as associate and copy editor, and Ms Moipone Williams, our new editorial secretary.
SOUTH AFRICAN SOCIETY FOR CLINICAL HYPNOSIS (SASCH)

As mentioned in Hypnos, we have exciting events lined up for the year. The first of these, on Ego States, has just come and gone. We thank the presenters, Dr Anita Fourie and Dr Ian Opperman with an additional thanks to Dr Opperman for the use of his premises. Dr Welch presented Elementary over two weekends in January/February and Dr. Gert Bosch and Dr. Loise Olivier presented a workshop on personality disorders in early March. Two key future events include a workshop on Mood Disorders and the 5th Annual Congress as detailed below.

7 May 2011 - Workshop on Mood Disorders
VENUE: Weskoppies
SPEAKERS: Psychiatrist Dr Gert Bosch and psychologist Dr Susan Kriegler.
KEY POINTS OF DISCUSSION INCLUDE:
• How do we as psychologists see the symptoms of mood disorders?
• What treatment can we possibly administer?
• The ethical implications for patients and psychologists.

SASCH 4th South African National Congress in Clinical Hypnosis
THEME: CUTTING EDGE SKILLS FOR PSYCHOLOGISTS IN THE 21ST CENTURY.
DATE: 11 & 12 June 2011
VENUE: Unitas Hospital

With regard to email queries and general enquiries received, please be reminded that SASCH is a voluntary organisation manned by full time practicing psychologists with extremely busy schedules.

The Chair and Vice Chair employ SASCH’s two part time secretaries Angela, who works out of Dr Ian Opperman’s office and assistant secretary, Anna, who works out of Dr Cecile Gercke’s office. They do their best to share the SASCH admin load during the course of their respective workdays. As our membership grows, we will have the funds to employ a full time secretary. I also do my best to respond to email enquiries and phone calls in the evening.

We trust in your ability to practice what you preach by delaying your need for information gratification as you appreciate the constraints under which we work.

Modern technology is a double edged sword. It provides information readily but it has limitations. For example, because email addresses and cell phone numbers don’t reflect regions there is no indication of the area of operation of any given member. If we are unable to establish location, we aren’t able to pass on referrals. Think marketing! When requesting to be included on the database of SASCH please provide your region and landline number where possible. You will then enjoy the full benefits of belonging to a professional organisation.

Our webmaster tells us that members are not making full use of the website in accessing the advantages it offers. You don’t need to be a Mark Zuckerberg (of Facebook fame) to use our electronic networks.

Simply:
1. Pay your membership subscription
2. Send proof of payment to SASCH Enquiries - sasch@ianopperman.com
3. Register on the website www.sasch.co.za by region, city, field of interest and field of expertise.

We encourage you to become actively involved with your professional organisation as all of us. (Please see the attached training programme).

From our office bearing team we salute you.

Chair: Dr Cecile Gercke
Vice-Chair: Dr Ian Opperman
Secretary: Ms Karin Steyn
Consultant Treasurer: Mr Kevin Fourie
Divisional Heads Mrs Talitha van der Walt (Eastern Cape) Prof Rona Newmark (Western Cape) Dr Jennifer Welch (KwaZulu-Natal)
Dr Jacob van Zyl (Mpumalanga) Dr Louise Olivier (Ethics) Dr Susan Kriegler (Website and technology) Dr Susan Roets (Catering)

Chair: Dr Cecile Gercke

DIVISION OF HEALTH & SPORT PSYCHOLOGY

The Division of Health and Sport Psychology (DHSP) executive committee had a fruitful teleconference last week with many of the committee members able to join and provide a valuable contribution towards the development of the division. Some of the issues discussed were:

1. It was formally proposed that a symposium on health and sport psychology be submitted for the 2011 PsySSA Conference in order to provide an opportunity for current and potential members to present and discuss research and practice which is being undertaken in many of the subfields which make up the DHSP, such as rehabilitation and exercise psychology.

2. The 30th International Congress of Psychology (ICP) will be held in Cape Town from 22-27 July 2012. Health and Sport Psychology will already be on the international agenda, with the 2012 London Olympic Games starting when the ICP conference ends. Therefore this international conference will be a good chance to showcase the research being undertaken within South Africa in the area of Health and Sport Psychology and a strong representation would be invaluable.

3. There was also a proposal to decentralise and promote provincial branches of the DHSP in order to bring together practitioners who are interested in the area of health and sport psychology and to create further roundtable discussions for learning, researching, teaching and practice purposes.

4. There is a renewed interest in the development of a Doctorate in Sport and Exercise Psychology and the formalization of training of Sport and Exercise Psychologists within South Africa. The establishment of an association of sport and exercise psychology with its own website is already underway. This association hopes to promote sport and exercise psychology in SA and to provide a forum for discussion and interaction between those psychologists working in this area.

We would particularly like to thank Gary Steele (convenor) for all the effort he is putting into the development of the DHSP. We all look forward to exciting new expansions and growth this year.

David John Edwards
Kirsten van Heerden

www psyssa.com
SOUTH AFRICAN
SOCIETY FOR CLINICAL PSYCHOLOGY
(SASCP)

The SASCP successfully hosted the Johannesburg Women's Health Promotion workshop in October 2010. This was held in Boksburg at the Orabella Conference Centre and Restaurant. With the success of the workshop, the SASCP has received an unprecedented request for another workshop. Workshops to serve the needs of our members are in the planning stages. These will focus on not only ethics, training and the reppositioning of clinical psychology services for example in the public health sector, but also on some rather controversial themes that have emerged in our various discussions.

A critical issue that has continuously emerged at our various workshops and forums is:
1. WHY DO PSYCHOLOGISTS CONTINUE TO BE SILENT?
2. WHERE IS THE VOICE OF PSYCHOLOGY WHEN SOCIETY NEEDS OUR RESPONSE, VIEWS AND EXPERTISE?

Bar a few prolific psychologists, and "agony aunt" columns, it is rare that psychologists feature as salient public figures in society. Most often our contributions are limited to "after-the-fact" commentaries and advice on individual issues.

The membership is of the opinion that psychologists have not asserted their competencies adequately, nor in a manner befitting our areas of expertise. Whether it be the xenophobia issue, substance abuse among learners, or national trauma management initiatives, not only have we remained largely silent but in so doing we have removed our professional contribution from society and continued to re-inforce our traditional elitist and aloof practices both in the private and in the public sector.

The net result is that, often non-psychologists fill this gap. And why not? If psychologists are negligent, can we begrudge the initiatives of others?

If this be true, it is certainly a major indictment against the profession of psychology as practised within the South African context. While the SASCP is circumspect and mindful about the issue of practise within our category of registration and all the accompanying ethical aspects, it has been become painfully clear in the last few years that these issues have inordinately dominated the profession so that such "in-fighting" has distracted us from our critical role in society. Would the SASCP be courting criticism if it were to suggest to all categories of psychologists that we are all failing our mandate?

The SASCP is of the opinion that on all matters that touch on mental health, psychological well being, socio-political and economic aspects of societal behaviour, organisational dynamics, educational and learner health and welfare the first port of call must be PsySSA. Our expertise must be proactively delivered through all levels from policy, strategic structuring and management.

Chair: Dr Lingum Pillay

COU NSELL OR

PSYCHOMETRY DIVISION
Liberation psychologies in South Africa

While South Africa and South American countries like Brazil have much in common in terms of first and third world conditions existing side by side, the democratic freedoms we now enjoy set us apart from the many unrepresentative regimes found in that part of the world. Do the liberation psychologies which emanate from there still have relevance for the "new" or rather "established" South Africa? As a trauma counsellor in high-risk, low-income communities on the Cape Flats, I believe that liberation psychologies have relevance for the profession in South Africa more than ever as we face the consequences of multiple traumas, social disruption and inequalities.

However, these psychologies require a change in psychological attitudes, practice and commitment. In the words of Sloan (2008), "Where are sustainable and creative modes of reflective living finding roots and thriving? Where are the psychological insights and practices that would accompany and sustain the social movements for peace, environmentally sustainable economies and social justice?" (p. xii).

Putting out a call for restorative psychological and community work, Watkins and Shulman (2008) cite examples such as the Association of Maya Ixil Women in Guatemala and the Green Belt Movement in Kenya. These projects bear the hallmark of psychological development through which participants grow stronger in terms of survival, critical analysis, new ideas, flexibility, community building and the process of hopeful self-organisation. One such project closer to home is the Young Warriors Club in Hanover Park. This is an attempt by the Men's Group which is part of CASE – Community Action towards a Safer Environment founded by clinical psychologist, Lane Benjamin 10 years ago – to give youth an identity beyond the drug culture of the Cape Flats. Here 11 – 14 year olds are introduced to hikes in nature, taught community caring activities such as assisting in holiday clubs with those younger than themselves, and learn respect rather than acting out violence among peers. In a community lacking strong role models, the Men's Group is reaching out to the youth and attempting to assist in providing positive behaviour which were sorely lacking in their own lives.

In a country where NGOs dominate in impoverished, violent communities, more should be known about the pioneering work which is carried out by selfless and heroic citizens. We need to follow the call by slain psychologist, Martin-Baro (1994) who believes that by focusing on individual and subjective factors, psychology directly or indirectly serves to strengthen oppressive structures. Looking at the problems of Latin America, he believes "the concern of the social scientist should not be so much to explain the world as to transform it" (p. 19). With the call for papers for the July 2012 International Congress of Psychology in Cape Town and the International Congress of Mental Health also taking place in Cape Town in October 2011, let us hope that South African psychologists, counsellors and psychometrists showcase to the world our abilities to further the aims of liberation psychologies in a unique and enriched African context. Will emerging scholars from African soil create a new liberation psychology awareness to inspire western and eastern nations?

REFERENCES:

Chair: Mrs Sharon Johnson

Chair: Mrs Sharon Johnson

www.psyssa.com
**EDUCATIONAL PSYCHOLOGY**

Although 2011 is already well on its way, we want to wish you all of the best for this year. Our hope is (still) that the scope of practice will be promulgated this year and that we will make progress in defining the scope that was gazetted in April 2010. The PsySSA executive scheduled a meeting with the Board for Psychology and invited members to submit points for the agenda. As a Division we requested the urgent promulgation of the scopes of practice as a priority point on the agenda. The Board is hopeful that the Minister of Health will sign this important document soon.

In the meantime, the Board of Healthcare Funders created codes for all the psychology categories thereby formally recognising every category. We welcome this significant departure from the past. However, in our opinion the scope must be clearly defined to prevent misinterpretation. The Task team for Educational Psychology in collaboration with the Division has therefore planned a second consensus conference later this year. The aim of this conference will be to draft a position paper outlining the practice framework. It is in the interest of the profession that all educational psychologists participate in this critical process. The details will be communicated soon after promulgation.

Chair: Prof Estelle Swart

**COMMUNITY & SOCIAL PSYCHOLOGY DIVISION**

During 2008 and 2009 a needs assessment was conducted regarding the interest of colleagues in a Division for Community and Social Psychology. Fifty-five members of PsySSA indicated that they are interested in participating in a Division for Community and Social Psychology (CaSP).

In addition to the objectives of PsySSA, CaSP is committed to promote an understanding of the fields of Community and Social Psychology. Full members shall be persons who are either registered students in psychology, at a recognised university at the undergraduate, Honours or Masters level, and registered interns; or persons with a degree in any registration category in Psychology; or persons with an interest in or working in communities or who are involved in social interventions, social change or policy development.

CaSP will officially be inaugurated at the PsySSA - 2011 conference in September in Johannesburg. You are all invited to participate at the round table discussion which will be held at the PsySSA conference in 2011 to share your vision as how to advance scientific research, community and social collaboration and professional education in Community and Social psychology.

Chair: Prof Vera Roos

**DIVISION FOR COUNSELLING PSYCHOLOGY**

Do you sometimes feel that you are barely surviving as a counselling psychologist? Do you sometimes have the feeling of “I do not belong, where do I fit in, how do other people make it in private practice, what makes me different as a Counselling Psychologist?”

And probably the worst one of them all...I feel so isolated...

But, the one thing that we do have in common is that we are all Counselling Psychologists and that makes us unique. Packard (2009) explains it so simply and yet so effectively, in the following:

**VALUES OF COUNSELLING PSYCHOLOGY**

It’s not the psychological practice – the theories of intervention, practice methods or work settings - that make counselling psychology distinctive, it’s the CORE VALUES that underpin its practice. These values are the following:

- **Altruism** (enhancing the welfare of others);
- **Essential synergetic interaction between science and practice**;
- **Focus on healthy development across the lifespan (including work and career)**;
- **Optimizing individuals’ potential, and societal strengths**;
- **Focus on prevention of avoidable problems**;
- **Stimulating change through a positive therapeutic relationship**;
- **Holistic emphasis on client strengths, resilience, positive coping within the context of a helping relationship**;
- **Respectful treatment of all across cultures and individual diversity**;
- **Social justice and advocating the welfare of others; and**
- **Collaborative, multidisciplinary practice and research**.


**DO YOU AGREE WITH PACKARD? LET US KNOW!**

The vibrant Executive Committee of the expanding Division for Counselling Psychology is in a process of discussing all these vital issues. How do we really reach our Counselling Psychologists? How do we hear their voices? The answer that we received on all these questions was that we need an interactive medium to communicate with our members.

We are in the process of designing a webpage specifically for the Counselling Division. A webpage consisting of practical ideas, a blog where you can give us your opinion, a space to communicate and get information – a space where we as Counselling Psychologists can CONNECT. Another few ideas that have been emerging include a Facebook page, a workshop tailor-made for Counselling Psychologists, making more of the AGM at PsySSA.

**COMMUNICATE WITH US**

However, we want to include all members on this. Each member of the Counselling Division will shortly be receiving an electronic letter from the Exec with information and some questions. Please take five minutes to respond. We are excited about engaging during 2011 with you! Any feedback or suggestions are welcome! Please contact Munita Dunn at mdunn@sun.ac.za / 021 – 808 2028 regarding any queries or suggestions you might have.

Chair: Dr Munita Dunn
The Southern African Students’ Psychology Conference is hosted by the psychology department of the University of South Africa. Students and staff from psychology departments across Southern Africa are invited to join us in this venture. The conference will take place on the 23 – 24 June 2011 at the University of South Africa’s Sunnyside Pretoria campus.

Students interested in presenting at the conference are requested to submit a title and an abstract of not more than 300 words on http://kgomo.pbwiki.com before 15 April 2011. Please note that you are also required to register online. The registration fee is R250.

For more information contact:
Thandeka Tshabalala
Department of Psychology
University of South Africa
PO Box 392, Pretoria, 0003
Email: tshabtl@unisa.ac.za

For more details about the conference visit: http://kgomo.pbwiki.com

The Southern African Students’ Psychology Conference was held in Gaborone in June 2009. More than 200 students from 23 universities and 14 countries attended. The 80-plus presentations covered all aspects of the discipline, with many presentations interrogating issues of race, gender, class and culture. Several presentations also focused on controversial issues in the learning and teaching of psychology, with some heated debates between students and lecturers.
# Registration Form

To be completed by all participants (including presenters, media, guests and trade delegates).

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<thead>
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**PLEASE INDICATE METHOD OF PAYMENT**

- [ ] DIRECT DEPOSIT: Payment of R_______ was made to the following account
  ABSA Rosebank (Code: 630-805)
  Current Account No: 40-4940-7045 (fax deposit slip)
- [ ] CREDIT CARD: for the amount of R_______
  PLEASE DEBIT MY: [ ] Visa Card [ ] Master Card
  CREDIT CARD NUMBER: __________________
  EXPIRY: ___________ LAST THREE DIGITS ON REVERSE OF CARD: _____

CARDHOLDER’S NAME: __________________ CARDHOLDER’S SIGNATURE: ___________

## Conditions

1. Bank and administration charges incurred (e.g. returned cheque, card authorization refusal) are for the participant’s account.
2. A fully completed and signed registration form guarantees registration, confirms participant’s attendance and acceptance of registration conditions.
3. Only the above-mentioned methods of payment will be accepted.
4. Written applications for cancellation received before 1 March 2011 will be entitled to a 50% refund; thereafter no refunds shall be made.
5. All conference venues will be on a first come first serve bases. Kindly attend alternate sessions if a venue is fully occupied.

## Registration Fees

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**PsySSA HEAD OFFICE:**
Killarney Mall, Office No. 110, First Floor, Killarney Office Towers, 60 Riveria Road, Killarney, 2193.

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PO Box 989, Houghton, 2041

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E-mail: congress@psyssa.com

**N.B.:** Kindly note that PsySSA Membership runs from January to December. Please be advised that membership in arrears at the end of March will be liable for the re-enrolment fee. Members in arrears at the end of June will be dropped from membership.