The Association of Child Psychotherapists

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The Association of Child Psychotherapists Audit of CPD

(Continuing Professional Development)

for September 2016 – August 2017

Introduction

The aim of the audit is to report on whether members are meeting the Continuing Professional Development (CPD) requirements and guidelines of the Association of Child Psychotherapists (ACP) and so fit to continue to practice as Child Psychotherapists. The audit also allows the opportunity to gain feedback from members about the policy and guidelines, to enable members to reflect on their CPD learning and what they wish or need to develop in the years ahead, and to highlight any areas of difficulty in order to support members either individually, or through the work of the ACP.

The time period for this audit has been one of continued uncertainty and pressure, as many NHS and third sector agencies face the challenge of responding to the increasing level of need for services for children and young people with mental health difficulties. It is within this context that members engage with CPD in order to maintain and improve clinical skills and to contribute to the supervision, leadership and management of services. The findings from the audit are that child psychotherapists have a strong model of CPD within their practice, are committed to gaining the right supervision and learning for themselves to develop. They contribute significantly to teaching and learning within the profession and to other professional groups and within child mental health services/organisations.

The response to this year's audit has been good, with around two thirds of respondents having an excellent response, and around one third of respondents needing further help to return documents by the deadline or to understand or respond to the requirement for evidence to verify their activities. With assistance, evidence to cover minimum requirements was submitted by all members who contributed to the audit. This year, one member declined to complete the audit. Whilst the member was undertaking clinical work during the audit period, this member is no longer engaged in clinical practice and their membership status is under review with the director of professional standards within the ACP.

The process and findings of the CPD are presented here.

The Membership

The audit period covers the period September 2016 - August 2017 and at that time there were 945 members across all categories of membership: trainee, full, not working, retired, overseas and honoured.

CPD returns

Of the 945 members across the categories, 592 full and honoured members were required to submit a CPD return (online form). These forms were then verified by the named clinical supervisor for the member.

CPD audit

Methodology

Selection of participants

Just over 6% of the 592 full/honoured members were selected for the audit (36 members). Members who had been selected for audit within the last three years were excluded with the final audit containing 31 members. Those who qualified within this year were excluded as their training requirements would cover CPD requirements. A number of members from each membership category group, at random, were then selected:

11 – work in NHS only
4 – work in other organization
3– work in NHS and other
12 – work in NHS/other organization and in independent practice
3 – work in independent practice
2 – do supervision & consultation but no clinical work
17– are 3-9 years post qualification
19 – are 10+ years post qualification
36 – random sample

This selection criteria allowed for a sample that included members representing a good range of experience post-qualification and across different sectors (NHS, other organisations, independent practice).

Procedure

1. A review of last year's audit process was undertaken by members of the Professional Standards Committee (PS).

2. Members were selected for audit, requested to complete the audit form and to provide evidence for their CPD activities. A small number of members asked to be removed from this year's sample on personal grounds, which was agreed by the CPD and PSC lead and replacement members were selected as needed. Members with close connection to the auditor were also excluded.

3. The returned forms were reviewed by four members of the PSC committee who provided feedback on whether the respondent had met the CPD requirements for this year. Audit forms were accompanied by respondents' annual online CPD return for the period evaluated. This allowed examiners to cross-reference where necessary. Accompanying evidence (e.g. course certificates) was also reviewed and needed to cover the minimum hours for general CPD. Supervision hours had already been confirmed at the stage of online CPD returns.

4. A period of follow up by CPD lead, to query any concerns or where evidence had not been correctly provided.

5. Members received a letter thanking them for their participation.

6. Forms were reviewed and audit report completed by CPD lead.

7. The audit report will be made available to the wider membership via the website.

8. Comments made by respondents about the CPD policy were discussed in the PSC committee and feedback given where appropriate.

The response to the audit questions

Section 1: Core skills practice

Members are required to undertake three cases of non-intensive psychoanalytic work (or '12 hours of psychotherapeutic contact' as stated in the CPD guidelines) with a child, parent or parent/child together. All respondents who were undertaking clinical work met this requirement (two respondents were from category six: no direct clinical work). Several respondents included details of a parent work or period of consultation with family and network within this.

Respondents were asked if it has been possible to undertake an intensive case (twice weekly or more) within the past seven years. Around a third (10 out of 29) of those undertaking clinical work had seen a child/adolescent in intensive psychotherapy (one member seeing three cases intensively). Two of these cases were stated to be short term. It appears this work may be reducing although previous figures may have included those who undertook a case in training and thus been a higher figure. The form has been clarified for next year in order to capture this data more clearly. Three respondents were seeing adults in intensive psychotherapy/analysis. Reasons given for not being able to meet this recommendation were generally around service constraints but also limited number of days worked in a particular service and for one member, this not being needed by the children referred to her.

Respondents can add additional comments about their clinical work and around half did so. Comments include explanations of their clinical employment, for example, a number of members undertook specialist assessment work (e.g. court and social care reports) or consultancy (e.g. to foster carers). Over the past couple of years of the audit, it is clear that there are some members for whom the core skills requirements would helpfully be more flexible and to place equal value on consultation and assessment or shorter term interventions for certain populations (e.g. day unit, inpatient, looked after children). This is not a change to psychoanalytic work over time as historically this has been an important part of what child psychotherapists can offer. A change in guidelines has been considered to reflect this, however feedback from members suggests that the recommendation for three psychoanalytic/psychotherapeutic cases can be helpful when speaking to managers about their job plans.

Section 2: CPD activities

This section asks members for details and reflections on the supervision they receive, supervision/consultation that they provide, and any other examples of clinical learning. Minimum requirements for receiving supervision, clinical learning and general learning (see guidelines) need to be met.

Clinical Learning – Activities undertaken

Attending supervision

All respondents attended supervision as recommended in the guidelines. Two members attended peer supervision instead of individual supervision, as appropriate to their experience in the profession and the amount/nature of the clinical work they were undertaking. Most respondents also accessed other opportunities for supervision through peer supervision, multi-disciplinary case discussion, child psychotherapy meetings and for those with adult psychotherapy/psychoanalytic trainings, supervision for their adult work. A request was made for the guidelines to be changed to allow for nine instead of ten supervisions a year (so three a term) which is being discussed in the PSC committee. All respondents felt they had sufficient supervision; 1 of these stated 'most of the time and would like more'. There were a couple of issues with CAMHS supervision not always being available (either through ad hoc cancellation by supervisor or for a period of time when a private supervisor was used). It is clear that respondents greatly value their supervision and view it as an integral and essential part of their own and others' fitness to practice. Being able to seek out child psychotherapy colleagues with particular specialisms for advice was also valued.

Providing supervision

About two thirds of respondents (23 out of 31) provided supervision for other professionals during the audit period. This included to qualified and trainee child psychotherapists, and also over half of those who offered supervision, provided this to professionals from other disciplines (psychology, nursing, play therapy, mentors, art psychotherapy, drama therapy, social work, counselling, psychiatry, mental health practitioners, PHd students). Providing supervision continues to be an important part of child psychotherapists' CPD.

Providing consultation

A similar number of respondents (22 out of 31 members) had provided consultation to other professionals, including the multi-disciplinary team in CAMHS, paediatric liaison, schools, child analysts, social care and LAC and to an international charity.

Other clinical learning

The majority of respondents (26 out of 31) answered this question, providing details of other activities. These activities were rich and varied in nature and relevant to the specialisms and experience of those responding. Activities included attending and delivering teaching and training, leadership activities (e.g. developing treatment pathways, service development), working with partner agencies, specific roles within the child psychotherapy training schools (e.g. progress advisor, seminar leader, marking dissertations), workshops to foster carers, reading and being a reader for the Journal of Child Psychotherapy. Two members were undertaking adult psychoanalytic/psychoanalytic psychotherapy training.

How has this CPD enhanced practice

Respondents were asked how this CPD had enhanced their practice, with 30 respondents completing this section. Respondents were able to reflect on how the activities they had undertaken had helped their learning and to develop their clinical practice. Answers given were thoughtful and detailed, and specific to the area of work. An example was a member reflecting on LAC consultation over a long term period, which had enabled her to study and reflect on the impact of the consultations as well as other environmental and factors, on the child's development over time. One respondent described how supervising a trainee art psychotherapist had helped to rekindle the member's interest in children's drawings and gain a fresh perspective. One member wrote about the benefit of learning through teaching 'I learn best when I teach'.

GENERAL CPD – Activities undertaken

The CPD guidelines recommend that members undertake four areas of CPD (see below) meeting the minimum hours (see guidelines). It is also understood that it can be both helpful and practical for members to focus on one or two particular areas for several years (e.g. whilst undertaking a research doctorate, ACP journal editors and readers, those undertaking further trainings). There is also an overlap between categories (e.g. research will also involve self-directed learning). All members were involved in at least two areas and the majority of members undertook hours far exceeding the minimum hours.

Professional work/involvement in ACP/other child psychotherapy organisations

About a third of respondents (13 out of 31) were involved in this area. Activities included teaching and supervising for the CPT training schools and on other psychodynamic trainings, being a member of a training or leadership committee, a role in the ACP or with the Journal of Child Psychotherapy (editor, reader).

Continuing education: self-directed learning/reading/writing

Almost all respondents (29 out of 31) reported activities in this area. Activities were relevant to the role and to continuing learning as a child psychotherapist. These included reading journal articles (e.g. Journal of Child Psychotherapy, research papers), seeking out and reading papers on specialist areas of practice relevant to current clinical caseload and publication of journal papers and book chapters.

Professional activity (e.g. conferences, teaching, training)

Twenty-nine respondents cited professional activity that they had undertaken. About half of these had delivered teaching, training or conference presentations, including at child psychotherapy training schools, the ACP conference, and with other training schools and organisations (schools, social care, multi-disciplinary conferences). Other activities cited included study days or conferences on specialist topics (e.g. STPP, neuro-psychoanalysis, ASD, gender), courses on working with couples, training self-harm and suicide, safeguarding and NHS mandatory training. One member was undertaking parent infant psychotherapy training. Responses reflect members' commitment to maintaining skills in child psychotherapy and the continual commitment to engaging with areas of specialism and the development of thinking in these areas, both through learning and teaching.

Research activities (including doctorate and audit)

Around half of respondents (16 out of 31) were involved in research or audit activities. Given that the majority of child psychotherapists are employed in clinical and not research posts, this was felt to be very positive in terms of child psychotherapists' commitment to research and audit activities. Of the 16, five members were undertaking doctorates within this time period and three were involved in teaching or supervising student research. Other examples of involvement given were applying for grants for research, writing journal articles about research in a particular area and being part of psychotherapy research groups. Three respondents were involved in audit. Audit/research topics involved areas which both benefited clinical learning and practices both for the member and for those working in these areas of mental health, with several publications made or papers in press. Other respondents not included in these figures mentioned contributing to audits through providing data, or developing the use of outcome measures (e.g. Goal Based Outcomes) for use with clinical work.

How has this CPD enhanced practice

Respondents are asked to describe how their general CPD activity enhanced their practice. Several respondents left this blank or felt they had been covered this earlier. Those who answered the question were able to describe how their specific trainings or activities had added to their development. Respondents commented on the value of providing teaching and supervision in enhancing their own learning, for example, from re-reading and thinking about texts and theories and how to explain these to others, and also learning from hearing about how others undertake their clinical work. Comments were made about the importance and value (and sometimes difficulty) in having time to take time to stop and reflect on clinical work or for time being allocated and protected by a research grant to undertake research. One respondent commented that involvement within the ACP had helped in understanding the challenges being faced and so being able to advocate better for the profession.

Respondents are asked if there are other CPD activities which have enhanced their practice. About half of respondents added further information; many felt this had been covered already. Varied activities of relevance to the clinical practice and the development of services were cited.

Overview and conclusions

The findings from the audit are that child psychotherapists remain committed to continuing their professional development and across the areas of core skills, clinical and general learning. The majority of members go far beyond the minimum of hours required. In addition, the level of learning and teaching provided, the complexity of some of the work and involvement in leadership and publications suggests that child psychotherapists continue to make a significant contribute to the clinical and academic study of child psychotherapy and of child mental health. Child psychotherapists continue to remain committed and engaged with CPD within and despite the current climate of increasing pressure on child and adolescent mental health services and adapt their CPD to meet some of these challenges. The sample selected seems properly representative of the membership body and as such, it seems appropriate to generalise these findings to reflect the CPD of the wider membership.

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