



## **The Association of Child Psychotherapists**

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### **Audit of CPD for period September 2014 - August 2015**

#### **Introduction**

The context for this audit remains one in which considerable changes are impacting on the professional body as a whole and on individual members in both general and specific ways.

Nevertheless the overall standard of Continuing Professional Development activity undertaken by ACP Members across the full range of length and nature of professional experience remains very high. It reflects the capacity and willingness of members to engage with the tasks of maintaining and developing all aspects of their clinical work in a rapidly changing social and political climate.

No further changes were made to the nature of information sought in the annual CPD return although there is increasing evidence of the impact on the professional role of some Members of changes in NHS provision for children and young people with emotional and mental health difficulties.

The aim of structuring the individual annual CPD return form appears to have continued to emphasise the need to link CPD undertaken with professional role(s) and efficacy. This continues to give a more detailed understanding of the profile of individual members and of the Membership as a workforce. It will also be helpful to identifying the CPD needs of the Membership and in time, in contributing to resources to meet those needs.

The overall response to the CPD Audit process has been excellent. Members have taken time and care to document and present their CPD in a clear and thoughtful way, demonstrating clearly its relevance for their individual professional development and the ways in which it contributes to the efficacy and validity of psychoanalytic child psychotherapy in the wider multi-disciplinary context.

#### **The Membership**

At the time of the 2014-15 CPD submission there were 572 Full and Honorary members who were required to complete a return. Full members make up approximately 67% of ACP membership.

#### **The Audit methodology**

From 572 Members eligible a sample of 32 members was selected by the ACP administrator for audit, representing just over 5% of those eligible. It was ensured that the sample included four randomly selected from the sub-groups working in the NHS only, working for another organisation, working for the NHS plus another organisation, working in private practice,



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members who qualified 3-9 years ago and members who qualified over ten years ago. The remaining sample was completely random from the submissions provided.

The sample is therefore representative of the range of experience of the Membership group as a whole.

The CPD sub-group leads undertook a review of the previous Audit, in particular to review the CPD forms and the Audit forms for Members and for examiners. Minor changes were made. Following this the Members selected were informed about their selection. Three members requested their removal from the sample, on personal grounds which were agreed by the Registration Committee and replacement members were selected.

As last year, selected Members were contacted by letter with the audit form (See appendix 1). Members were requested to return audit forms by 31.07.16.

A sub-group of the Registration Committee (6 members) was appointed. Four members evaluated 5 forms, two evaluated 6.

Audit forms are accompanied by respondents' annual CPD return for the period evaluated. This allows examiners to cross-reference where necessary.

### **The responses to the audit questions**

#### **CORE SKILLS**

##### **Section 1: Core Skills Practice**

**Question 1: it is required that you undertook non-intensive (1x week) psychoanalytic psychotherapy with at least 3 cases or child or adolescent or parent and child work: please give details of 3 such cases, including the age of the child, presenting symptoms, type/length of intervention and brief details of liaison with the network(s) around the child.**

All respondents complied with this requirement, with the exception of two members who are reducing direct clinical work although they continue in teaching, supervision and research.

Clinical work was fully and interestingly documented. The work described covered a wide range of clinical intervention in both private and statutory provision. This included discussion of liaison with family and other disciplines concerned.

**Question 2: the ACP recommends CAPTs undertake an intensive case (2/3 x weekly) every 7 years. Please give details of any intensive case undertaken or reasons why this has not been possible.**



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20 of 32 respondents had undertaken intensive work in the preceding year and while some of this work took place in NHS provision, a growing number of members are able to see children intensively only in private practice (12 of 20). In the NHS, intensive work tended to be twice weekly and was ongoing for periods between one and two years while in private practice there was a greater frequency of three times weekly work and the work was ongoing for considerably longer periods. This work seems to be with adolescent patients. A number of CAPTs are seeing young people in their early and middle twenties in private practice but the member has undertaken further training as an adult psychoanalyst or psychotherapist.

There is a need to consider the impact of the continuing reduction of availability of intensive treatment on children and young people with severe mental health problems who are seen in the NHS.

### **Section 2: CPD Activities**

#### **Clinical Learning – Activities undertaken**

##### **Supervision:**

All respondents cited ACP recognised supervisors. All respondents met with supervisors or individual supervision at least monthly, fulfilling the ACP requirement and 13 of the 32 respondents met more frequently, 11 meeting weekly and two meeting fortnightly.

25 of 32 respondents also met for peer group supervision on a regular basis, mostly monthly and 24 respondents met for regular managerial supervision.

3 members met for monthly supervision of specialist work (children in hospital, Looked After children) in addition to regular individual supervision.

##### **Satisfaction with level of supervision:**

Respondents were asked if they considered the supervision they received appropriate to support them in their work: only one CAPT responded that while she thought she received sufficient supervision to carry out her work effectively, she would like the opportunity for more. It may be worth exploring this question further in terms of the function of supervision in supporting and developing the work clinicians and also of its function of support for the complex emotional demands of the work.

##### **Supervision of other CAPTs**

29 members offer supervision to other child psychotherapists and members of the multi-disciplinary team. This aspect of Members' work appears to be increasing.

##### **Consultation to others**

28 members regularly offer consultation to other professionals. These include the multi-disciplinary team in CAMHS/NHS work, schools, Social care, and specialist fostering and adoption services.



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### **GENERAL CPD**

#### **General CPD: activities undertaken**

##### **Involvement in professional bodies:**

27 Members were engaged in their professional bodies, including the ACP (in London but also in the regions) and in other related organisations. This is a big increase from last year and may in part be due to a wider understanding of what this means i.e. not only direct involvement in the ACP.

##### **Self-directed continuing education:**

Continuing education: self-directed learning/reading/writing: all respondents engaged substantially in continuing self-directed learning which reflected both general and specific aspects of the work Members were doing. It included attention to both clinical and theoretical issues relating to a wide range of work and to the underpinning theoretical basis in psychoanalysis and child/human development theory.

##### **Professional activity**

Members described their involvement in a wide range of activities such as attending/presenting at conferences, teaching on psychotherapy and related courses, mandatory workplace training/workshops or professional administration: all respondents engaged fully in these activities although not all Members presented work at these events. The activities cited were wide-ranging, from highly specific, relating to specialist work to those with a wider brief, such as contemporary developments in neuroscientific work and in contemporary technique, for example short-term psychoanalytic psychotherapy.

From the sample it is evident that a number of CAPTs are engaged in further training in adult psychoanalytic psychotherapy or psychoanalysis. It is not possible from the sample to say whether this is becoming more frequent, and why this may be.

##### **Research activities:**

20 respondents were engaged in research. This included small-scale studies of specific issues in the workplace, and outcome measurement. However, more respondents are undertaking clinical doctorates, as would be anticipated given that Members who embark on their training as doctoral studies begin to come through into the workplace. The majority of Members undertaking a clinical doctorate complete this after they have qualified as a practitioner. A number (4) members included supervision of doctoral studies in their research profile.

##### **Respondents are asked to describe how they thought their general CPD activity enhanced their practice.**

30 respondents answered this question and all responses were couched in fairly general terms to the effect that their CPD activity helped deepen, support and consolidate their clinical work and their clinical understanding.



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A (growing) number of CAPTs who are undertaking training in adult work linked this to deeper understanding of their work with children and families, including their work with parents.

### **Respondents were asked which CPD events/activities they had CPD certificates/ evidence for? Copies of these were requested for the audit.**

20 Members sent CPD certificates/ evidence for their CPD activity. A number of Members (4) did not send copies of certificates or evidence but responded that they would be able to substantiate the work they had done.

Some members did not include evidence and did not make reference to the requirement, despite clearly having completed a substantial amount of CPD. While this has not been substantiated, the impression is that more experienced Members are less likely to submit concrete evidence for their CPD. Members who are more recently qualified may be more immediately responsive to the idea of maintaining a formal CPD record; there may also be a difference in the nature of CPD undertaken by Members at different stages in their careers and that those of more experienced members are less easily documented (do not carry a CPD certificate).

### **An open-ended questions was asked about the most useful aspects of CPD undertaken:**

This question was only answered by a small number of respondents (8) and generally these related to the value of supervision, reading, peer group support. 2 members made reference to the value of further (adult) training.

These questions may benefit from further scrutiny to allow the ACP to understand the range and complexity of work undertaken by its members and their accompanying CPD requirements to address these in a complex and changing clinical world.

### **Suggestions for the ACP from Members**

The question ask 'Do you have any suggestions or comments to make about the current ACP CPD policy?'

One Member raised the issue of how to evidence atypical roles (her post is substantially a training role at professional level) and this needs careful further thought.

Issues relating to CAPTs who work with both children and adult patients and whose CPD may be substantially in relation to adult work is another issue for consideration.

One Member commented on the amount of work required for the Audit (though not in complaint)

A number of Members (5) used the question to comment favourably on the value of CPD and the ACP's careful scrutiny of it.

### **Overview and conclusions:**

Once again, the response to the audit by the selected participants was impressive. All participants clearly gave considerable time and thought to the audit and their responses were



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detailed and relevant. Audit respondents clearly demonstrated that they gave considerable, appropriate time and thought to maintaining and developing their clinical expertise in line with the requirements of their work, and their own personal needs in relation to what they did. From the returns it seems clear that the audit respondents, representative of the profession as a whole, take the responsibility to the children and families and the services for whom they work very seriously and they engage in CPD activity in a lively and thorough way.

The CPD group will continue to give further thought to the nature of the CPD and Audit tools and to the interface between the gathering of material/evidence that CPD is being properly and usefully undertaken by all Members and the need to understand how the CPD needs of Members will and can be best met so that CAPTs maintain the high standard of clinical work and commitment apparent from the current audit.

### **Feedback:**

Participant Members are sent a letter from the ACP thanking them for their helpful and important contribution to the development and monitoring of the Association.

A report shortly will be made to the wider Membership of the findings of the Audit.

Marie Bradley  
September 2016