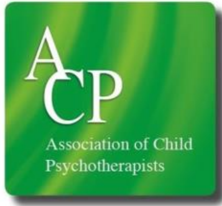

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Audit of CPD for September 2015 – August 2016

Introduction

This was the third audit to take place in the current format, in which around 5% of the membership are selected to take part in an audit of their Continuing Professional Development (CPD) activity and to reflect on this activity. The context for this audit is one in which there has been continued change and pressure for resources in providing treatment to children and young people experiencing difficulties with their mental health. A particular challenge to all disciplines, and particularly child psychotherapy, continues to be the drive for brief or short-term care and therapy in the context of all levels of mental health presentations and in some cases, where research evidence may suggest otherwise. Within this context, members continue to remain committed to undertaking CPD activities which both enhance and develop their child psychotherapy skills, seek to broaden their experience and understanding of the wider context of child mental health and to help these services develop. As in previous years, the response of the members in engaging with CPD activities and in supporting the process of monitoring this has been very positive. The process and findings of the CPD are presented here.

The Membership

The audit period covers the period August 2015 - September 2016 and at that time there were 921 members across all categories of membership: Trainee, Full, Not Working, Retired, Overseas, and Honoured. Of these, 563 Full and Honoured members were required to submit a CPD return.

CPD returns

All members are required to complete a CPD return online, each year and must do so in order to register with the ACP (see Appendix A). This form is then verified by their clinical supervisor. All members working under the ACP, have done so.

CPD audit

Methodology

Selection of participants

Just under 6% (5.9%) of the 573 full members were selected to take part in the audit (34 members). Members who had been selected for audit within the last 3 years were excluded. In addition, those who had qualified within the last year were excluded to allow for time for these members to begin new posts and allow for time to develop learning interests. A number of members from each membership category group, at random, were then selected:

4 – work in NHS only
4 – work in other organization
2 – work in NHS and other
2 – work in NHS/other organization and in independent practice

4 – work in independent practice
2 – do supervision & consultation but no clinical work
4 – are 3-9 years post qualification
4 – are 10+ years post qualification
9 – random sample

This selection criteria was felt to allow for a sample that included members who represented the full range of experience post-qualification (from two to over twenty years) and across different sectors (NHS, other organisations, independent practice).

<u>Procedure</u>

The CPD sub-group leads (of the Professional Standards Committee) undertook a review of the previous audit and CPD forms and minor changes were made. Members were then selected for audit and informed of this (see Appendix B) and requested to complete an audit form (Appendix C). A small number (7) of members requested their removal from the sample on personal grounds, which was agreed by the CPD and PSC lead and replacement members were selected. A sub-group was appointed from the Professional Standards Committee (6 members) to audit the forms, overseen by the CPD lead. Audit forms are accompanied by respondents' annual CPD return for the period evaluated. This allowed examiners to cross-reference where necessary. Following completion of the audit, members received a letter from the ACP thanking them for their very helpful contribution to the development and monitoring of the association. Where there were queries about CPD activity or evidence had not been submitted, these members were contacted by the CPD lead. The audit report will be made available to the wider membership via the website.

The response to the audit questions (see Appendix C)

Section 1: Core skills practice

Question 1: Respondents are asked for details of 3 cases of non-intensive (1xweek) psychoanalytic psychotherapy, to meet the minimum ACP requirement.

The majority of members undertaking clinical work were able to see three psychotherapy cases (or parent work/parent-child work). Rich, reflective and thoughtful descriptions were given describing the work undertaken and the development of the therapy and their learning. Five members did not meet these requirements for reasons which included, reducing cases with a view to ending clinical commitments, in solely teaching/supervisory roles, working with adults only under an adult qualification, and one member was working solely in applied work and teaching. Two members that did not meet core requirements, within the category of still working, were contacted to discuss this.

Question 2: Respondents are asked if they have managed to undertake an intensive case (2/3 x weekly) every 7 years, as recommended by the ACP.

13 out of 34 members (compared to 20 out of 32 in the previous year's audit) had undertaken intensive work with children/adolescents within the 7-year period. It is likely that 3 of these 13 were during training. Of the 10 undertaken outside of training, three were undertaken within the NHS (1 being recent, 1 ending about four years ago and a further case being recent within an inpatient setting). Where details were given, those in both independent work, other agencies and NHS were of twice weekly. These results suggest that there is limited provision of intensive psychotherapy for children and young people outside of the child psychotherapy training, and where it might be provided, it is likely to be twice weekly. Several members spoke of seeing adults in psychotherapy

(two of these as part of their adult training). Issues of service pressures and demands, senior/lead role responsibilities and priority to reduce waiting lists were stated as reasons for intensive child psychotherapy not being provided.

Additional comments about clinical work

31 out of 34 provided additional comments, citing additional clinical activities and using the opportunity to explain about particular circumstances within their roles. Additional clinical activities such as providing parent infant psychotherapy, IPT training and developing shorter term psychotherapy models and its benefits were mentioned. The benefit of adult psychotherapy work on child work, and having other different work interests, either outside of CAMHs or outside of child psychotherapy, to keep in touch with different perspectives and normal child development were mentioned. A couple of members raised the challenge of being without the multi-disciplinary team and colleagues in independent practice and the importance of having supportive networks, and of reading also.

Respondents provided details of circumstances where it can be difficult to meet core requirements or which fall outside of these. Examples were working more intensively over shorter term in an inpatient setting or in crisis work, work in LAC where children may not be ready yet to engage in longer term psychotherapy and placements may not be stable, lead roles where caseloads may be defined by needs of trainee CPTs or supporting others' and predominantly teaching roles. Several members commented on the pressure in both NHS and third sector to see children for shorter time periods or undertake generic work. One member said she felt fortunate that able to undertake psychotherapy work and psychotherapy rather than generic assessments and praised the work of the clinical lead in this respect. Several members suggested that it was easier to undertaken individual longer term psychotherapy in their private work and that intensive work may only be possible in independent practice.

Section 2: CPD activities

This section asks members for details and reflections on the supervision they receive, supervision and consultation that they may provide, and any other examples of clinical learning.

Clinical Learning – Activities undertaken

Receiving supervision

All members undertaking clinical work cited ACP approved supervisors and were attending supervision as recommended in the CPD policy. The majority of these were in individual supervision, with several experienced staff attending a monthly group only. Two members also had supervision for their adult psychotherapy training. In addition, 21 out of 34 were also attending peer supervision (of varying regularity from twice yearly to once monthly). All members felt that they had sufficient supervision, although four suggested that this was for the most part, and two said that it was OK but they would like more. Supervision is clearly a priority for child psychotherapists, a number of whom used the audit to express views on how important and valuable supervision is, given the emotional demands of the work within a difficult climate. One member had self-funded supervision in addition to her NHS supervision. One respondent suggested that whilst clinical supervision was in place, it would be helpful to have help/guidance on steering a course for child psychotherapy in such a difficult time.

Providing supervision

28 members were providing supervision, to between one and nine supervisees. The provided supervision to qualified and trainee child psychotherapists, and to professionals from other disciplines including art psychotherapy, social work, counselling, music psychotherapy, psychiatry and discussion groups for psychology and occupational therapy colleagues.

Providing consultation

25 out of 34 members were providing consultation to other professionals, including the multi-disciplinary team in CAMHS/NHS, schools, social care, LAC social workers, a local residential children's home, foster carers and as a course organiser with course tutors.

Other clinical learning

The majority of members (32 out of 34) answered this question. Answers included varied activities, including reading journal articles and the JCP, STPP training, leading seminars (and preparation reading) or developing training, attending academic meetings, two members were undertaking adult psychoanalytic/psychotherapy training and one had attended couples training.

Respondents were asked how this CPD had enhanced their practice

33 of 34 members completed this question. A small numbers of answers were brief, though relevant and at times still reflective. Most answers provided more information and depth. Attending supervision, group supervision and working with colleagues presented as particularly important and was felt to be useful in terms of sharing and discussing ideas, keeping up to date, learning from each other, space to think about counter transference and transference and risk. Meeting with peers was felt to be particularly valuable in independent practice where it could be easy to feel isolated. Supervising trainee and qualified CPTs was mentioned, in helping to continue to learn about internal worlds of children and how these manifest in the transference. One member mentioned doing a different training and thinking about new ways of collecting clinical data. Additional training in adult psychoanalysis/psychotherapy was mentioned in terms of understanding the unconscious mind and enhancing skills with children and adolescents. Finally, consultation work was felt to be helpful to self-development, in terms of explaining psychoanalytic theories in ordinary language.

GENERAL CPD – Activities undertaken

It is recommended that members undertake four areas of CPD (see below), whilst also expected that it is often helpful for self-development and organisations for members to focus on one particular area for several years (e.g. research doctorates, ACP journal editors and readers, further trainings). All members audited completed at least two of the four areas, with most members completing three areas, and some members all four.

Professional work/involvement in ACP/other child psychotherapy organisations

22 out of 34 members were involved in professional bodies. This included being a reader for the JCP, progress advisor/mentor, course tutor or lead at an ACP training school or similar, training analyst, service supervisor, member of ACP committee or working group. For those not involved in this area, several members spoke of maintaining links with other child psychotherapists within their NHS trust or locally.

Continuing education: self-directed learning/reading/writing.

All members were completing self-directed learning (whilst one member answered none, but it was clear from other activities that this was part of her CPD activity). Activities included reading the ACP journal (1/3 of members mentioned this) the IJP (2), reading in preparation for delivering seminars and teaching, writing a chapter for a book (2), attending a monthly reading group, personal analysis (2) and reading in relation to preparing for job interviews.

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

All members were undertaking professional activity. 21 members were delivering teaching, a large number were teaching at ACP training schools on the CPT or pre-clinical courses, across the country. Others were providing teaching within schools or on the psychiatry training. Other activities cited included attending the ACP colloquium, STPP workshop, ACP workshops, gender events, attending mandatory training, staff meetings, and two members were undertaking training in adult psychotherapy/psychoanalysis.

Research activities (including doctorate and audit)

13 members were involved in research activities in some way. Given that the majority of child psychotherapists are employed in clinical rather than research posts, this was felt to be very positive in terms of child psychotherapists' commitment to research and audit activities. Five members were undertaking or had recently completed doctorates and two members were supervising research. Two members were directly involved in research projects which appeared highly relevant and beneficial for both personal learning and to the development of child psychotherapy and child mental health and a further two were beginning to plan small scale projects. Two members described audits that they were undertaking. Other stated activities would generally not be included as research (e.g. completing outcome measures as part of routine practice).

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

33 out of the 34 members responded to this question. A small number of answers were quite brief and the majority gave more detail and reflection. One member spoke of gaining confidence and learning through preparing to chair at a conference, others spoke of developing confidence and further understanding of theories through reading for teaching seminars or from general reading. Several members spoke of undertaking doctorates, and two members described how their additional training in adult psychotherapy /psychoanalysis had enhanced their practice. Gaining awareness of new teachniques or ways of doing things, and being aware of research findings was also felt to be helpful in the current climate, and in having a more strategic role. Teaching, supervising or undertaking consultation was felt to also be helpful in learning to test out theory and thinking and be able to formulate concepts in straightforward way.

Other CPD activities which have enhanced your practice (question 3)

24 members responded to this question, with others feeling that they had included the information in earlier answers. Many answers were similar to those activities stated earlier (e.g. teaching, reading, attending conferences and workshops, peer group supervision) and additional activities such as 'Thinking Space' workshops, a mindfulness meditation group and training in CBT trauma work. Two members mentioned their own analysis and five members mentioned their work or personal interests outside of CAMHS or child psychotherapy – gaining skills from other tasks, talking to other professionals and having different perspectives. One member commented that she felt

lucky to be in a profession where there is always some new challenge to develop thinking and practice.

Comments/suggestions about the current CPD policy (question 4)

14 members responded to this question with comments and suggestions. A number of positive comments were made (e.g. 'it has allowed me to reflect fully on what I have achieved to enhance and develop myself as a child psychotherapist'). One member commented 'it is a good policy with an appropriate mixture of precise requirements and flexibility'. and it was commented that the four areas of practice were helpful in thinking about a range of activities and any gaps in CPD, rather than the greater focus on CPD hours as in the initial CPD log. Some frustration was expressed about the time needed to complete the audit, and more so, about needing to provide documentation or evidence. One member spoke about finding it difficult to have the time and considering leaving the organisation as a result, though felt that the process was important. Several members took the opportunity to submit forms and documents electronically and it was commented that this was easier. There was a suggestion that the CPD could be in line with the timetable or forms of other registering bodies which will be considered.

Several comments were relating to the core clinical requirements and the challenge of meeting these for those with particular roles and responsibilities such as teaching, supervision or course administration, with LAC children who may not be reading to engage in child psychotherapy, or have stable placements. It was suggested that the audit form could give more recognition of teaching and supervisory responsibilities as well as core requirements, and may also be helpful for it to be more validating to those undertaking very challenging work with more unsettled populations or undertaking applied work. One member suggested that the policy could be helpful for use with managers, in thinking about the need to do core psychotherapy work and raising the possibility of undertaking an intensive case. Generally, whilst the core requirements may create anxiety for those working in specialist settings or teaching, and in general for the profession as it continues to face challenges, members continue to support maintaining these requirements within the policy. It was also noted that a couple of members were winding down clinical work with a view to retirement and fall between current membership categories (of undertaking either 3 cases as minimum, or no clinical work).

A couple of members suggested the need for more support for child psychotherapists working in the NHS and one member suggested that the form could convey more of a pastoral care and concern that child psychotherapists are getting enough support for themselves in difficult times, as well as acknowledging the importance of the monitoring role.

Evidence provided

Members were asked to support their answers with appropriate paper evidence (e.g. certificates, letter from supervisor, e-link to journal article). Just over half of members (18) provided evidence for their supervision and 28 provided evidence for their general CPD activities. Several members noted that their supervisor had already approved the original form, and the PSC is considered that it may not be needed for the audit to have this evidenced again. A small number of members did not respond to the request for evidence and have been asked to either provide these documents for their general CPD, or to be re-selected for audit next year, to allow time to retain certificates and details for the following year's CPD. Evidence is not provided for core requirements, and the rich descriptions provided by child psychotherapists of their clinical work is felt to provide both good evidence of their work and evidence that members take a reflective stance towards their work and its development.

Overview and conclusions

The response to the audit by the selected participants was very positive and shows that child psychotherapists continue to remain committed to their learning and development. It was clear that participants engage actively in CPD activities that are of benefit to their work, to their self-development as child psychotherapists and to the overall development of child mental health provision and service. Members were able to be reflective about the process of continuing to learn and develop. Despite pressures in the current political and social climate, members continue to meet their core requirements and to engage positively in usually much more than the minimum requirements of general CPD also. There is a continued commitment to access and engage with supervision, peer supervision, learning and teaching. The sample selected seems properly representative of the membership body and as such, it seems appropriate to extrapolate these findings to the membership in general. Over half of the respondents provided comments about the CPD policy also, which can allow the policy to take into the views of the wider membership also. There was a wish for the CPD monitoring to express more concern and support for members in addition to its monitoring role, and this will be considered. It may be there are other ways for the organisation to help its members to feel supported also.

Claire Whitefield
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August 2017