

# **REPORT TO NZAP COUNCIL, APRIL 2023**

## **From the NZAP Advanced Clinical Practice (ACP) Committee**

**From:** John O'Connor, ACP Chairperson on behalf of the ACP committee.

**Date:** 20 March 2023

### **Introduction**

The past few months have been productive for the ACP committee.

### **Committee Membership**

The committee membership has altered slightly. We are pleased to welcome Emma Green who has joined the committee. Catriona Cairns remains as registrar. Sue Morrison has continued as the receiver and coordinator of initial applications to the ACP. I remain as chair, and Diane Zwimpfer remains as a wise and generous committee member. Sadly, Alisa Hirschfeld has resigned from the committee. In her time with us, Alisa has skilfully, thoughtfully and creatively assisted us to think more deeply about ACP matters and has been a tremendous contributor. We will miss Alisa and are very appreciative of her time with us.

### **New ACP applicants**

The ACP continues to receive regular enquiries regarding training within the ACP pathway. Sue Morrison has fielded these many enquiries. We are confident that the ACP will continue to receive regular enquiries. We have had two new candidates join the ACP since last October. In addition, we are pleased to have had three candidates successfully pass their final written assessments in November 2022. We are very grateful to the markers and observers of the marking process for their contribution to these assessments. We currently have over 20 candidates in training. We are pleased to be able to return to in-person panel meetings, following the disruptions of Covid. We have one person sitting their final panel interview in Auckland this March 2023, and two further final panels to take place later this year.

### **National ACP supervisors' group via Zoom**

The ACP, as previously reported, has initiated a new National ACP supervisors' group via Zoom, to which all ACP supervisors from June onwards will be required to attend. It is a requirement of being an ACP supervisor, that when supervising an ACP candidate, supervisors need to be attending an ACP supervision group meeting on a regular basis throughout the year. In earlier years ACP supervisors have fulfilled this requirement by attending a Regional ACP Supervisors' meeting in their local region. However, over recent years many of these regional groups have not been operating or operating only sporadically. With the development over the last 14 months, of the National ACP Supervisors Group, the NZAP ACP Committee have therefore made the decision that from the June 12 (7 PM to 8:30 PM) National Supervisors Group' meeting onwards, it will be a requirement for ACP supervisors, when they have an ACP candidate they are working with, to attend the National ACP Supervisors Group meetings, in order to fulfil the requirement of being in an ACP supervisors group. We continue to have

good attendance to these meetings, and the group continue to meet once every two months throughout the year, facilitated by Diane Zwimpfer and John O'Connor, with the support of the rest of the ACP committee.

In addition, as an optional extra, ACP supervisors are encouraged to form their own smaller peer groups, given that the National Supervisors Group is larger and may not always be able to offer the more intimate attention that a smaller peer group might offer. These peer groups no longer need to be regional. Regional groups can still of course form and continue and have the advantage of being able to meet in person. Membership of a small peer group is now entirely optional.

### **Written ACP supervisor guidelines**

A document has been developed by the ACP Committee giving some written guidance on the roles and tasks of an ACP supervisor. We hope that Supervisors will find this written outline helpful in guiding their work as an ACP supervisor (see Appendix 1 attached).

### **Additional ACP supervisors training**

We are not now holding the in-person training morning in Auckland that had previously been scheduled for 26 March, as we realise it is more useful to hold something that people from across the country can attend. Therefore, we will instead in the second half of the year, on a date to be advised, hold a half day training day for ACP supervisors, which will be optional for ACP Supervisors to attend, and which we hope will be helpful in learning more about the ACP supervisory role.

### **ACP and the Psychotherapy Board of Aotearoa New Zealand (PBANZ)**

As previously reported, John O'Connor, Verity Armstrong and Anna Fleming have been appointed to the Assessment Operational Committee of PBANZ. The committee, which also comprises the former Chair of PBANZ (now a PBANZ ordinary board member), a consumer representative, and several colleagues from other training providers, met again in Auckland in February 2023, at John's house. The meeting was productive, creative, and collegial, and we received clear messages from board representatives of the desire to support this committee and training providers generally, as we approach the assessment process for accreditation of training providers. John O'Connor and one other committee member were appointed to review the draft assessment template, and at the February 2023 meeting this draft was largely well received. Some specific amendments are being attended to at the moment. We anticipate the formal process of accreditation of training providers will probably not commence until the end of this year. I remain encouraged by the degree of collaboration and collegiality between fellow training providers, and board members in this endeavour.

### **Other new ACP developments**

#### **Potential new ACP supervisors**

A reminder that in May 2022, John O'Connor and the ACP committee hosted a Zoom information meeting, inviting anyone who has an interest in potentially applying to become an ACP supervisor, to attend. We were delighted that 25 people attended. Since then, we have received nine applications from potential new ACP supervisors, eight of which have already

been processed and approved, with one further application in process. We are pleased to be growing the number of ACP supervisors.

### **Preparation for PBANZ Accreditation Process**

Diane Zwimpfer is continuing to work on provisional draft documentation, in preparation for the PBANZ accreditation process.

### **Updating of ACP handbook**

Sue Morrison has been regularly editing and updating the ACP handbook, and in particular stating clearly the pre-requisites candidates must fulfil prior to application for entry into the ACP and making more explicit the qualities candidates need to demonstrate at their initial interviews.

### **The ACP and the Academy**

We are very appreciative of John Farnsworth and his Academy team, and their creative thinking regarding how the Academy might support the learning and work of the ACP candidates and supervisors. John Farnsworth has suggested a range of creative ideas that we think will be very supportive in providing learning experiences and resources for ACP candidates. We discussed this at the November meeting and we will talk more with the Academy team about these potential new initiatives in relation to the Academy and the ACP when the Academy team next meets.

### **Conclusion**

The ACP committee remains dedicated to maintaining the integrity and standard of the ACP training pathway. The regularity of enquiries regarding this training pathway, and the quality of candidates demonstrated in final panels and in initial interviews, is very satisfying. We are therefore aiming to ensure that the ACP will continue to be a rich and valuable learning process for psychotherapists in Aotearoa New Zealand. We anticipate the ongoing accreditation process with PBANZ is, and continues to be, an important step in the development of the ACP.

## **ACP Report Appendix 1.**

### **Guidance for Training Supervisors**

These thoughts and awarenesses have accumulated over time through the experiences of Training Supervisors and will hopefully be of value in making the experience of being a training supervisor clearer and less stressful.

#### **Initial Panel:**

Often, probably most often, the training supervisor is supervising the candidate before they present for the initial panel. Currently, passing the Initial Panel will enable the candidate to secure Interim Registration: during 2023 this will change, and passing the Initial Panel will only confer the ability to apply for Provisional Membership of NZAP through being on the ACP pathway. Currently too, the standard expected at the Initial Panel is that the candidates will have achieved the standard of the ACP within five years. The standard for the Initial Panel will not drop after the expected accreditation of the ACP, but the necessity to pass within five years will be removed, and candidates will have a more spacious period to achieve the ACP, should they wish or should their circumstances require such.

#### **Pre-requisites for Initial Panel:**

#### **Who is eligible to become an ACP candidate?**

##### **Preamble**

This training is for those who already have significant clinical experience, training, and their own personal psychotherapy (see prerequisites outlined below). The candidate also needs to have a supervisor who has agreed to work with them to achieve the Pathway. This supervisor must be a member of NZAP and be approved by the ACP Committee as an ACP Supervisor. (In exceptional circumstances variations to these requirements and the requirements listed below can be sought. Note however that variations will only be granted at the sole discretion of the ACP Committee)

##### **Prerequisites:**

There are three prerequisites which applicants to the ACP must complete prior to applying for entry into the ACP training pathway. The applicant needs to have completed:

1. A training in a modality or graduate studies that is relevant to psychotherapy (for example in counselling, applied psychology, clinical psychology, psychiatry, counselling social work etc.)

2. A minimum of 200 supervised hours of face-to-face individual clinical practice in a field relevant to psychotherapy, such as one of the fields described above.

3. A minimum of eighty hours of weekly personal psychotherapy completed over two consecutive years. This therapy must have been undertaken close in time to the point of application to the ACP Pathway.

### **To Apply**

If you are considering applying to enter the ACP training pathway, your first point of contact is the NZAP administrator (Luisa Maloni, email: [admin@nzap.org.nz](mailto:admin@nzap.org.nz)) who will direct your inquiry to the initial application intake coordinator (Sue Morrison). The applicant must liaise with, and gain written confirmation from the ACP intake coordinator that the applicant has completed all the prerequisites listed above before the applicant formally submits their application to the ACP Committee. (If you submit an application before first gaining this confirmation from the intake coordinator, your application will be referred back to the intake coordinator who will liaise with you).

### **The initial interview**

If all the prerequisites described above are met, and on completion of the ACP Committee's receipt of the completed application pack (which includes a CV, questionnaire, supervisor endorsement and supervisor contract with the ACP committee) the candidate will be invited to attend an Initial ACP Panel Interview. The route to become an ACP candidate is through successfully passing this panel interview, usually held in one of the four main centres.

The panel needs to feel satisfied that the applicant has the capacity and opportunity to reach the standard of the ACP within five years. Overall, the candidate is expected to demonstrate the capacity be able think about and practice safely while working with unconscious processes. The five specific assessment criteria for the Initial ACP Panel Interview are successful demonstration of a:

1. Well-developed capacity for empathic attunement to the other.
2. Well-developed capacity for self-reflection upon one's own emotional process.
3. Beginning capacity to formulate and work with unconscious process.
4. Willingness and capacity to learn.
5. Congruent high motivation to undertake the full ACP Pathway to completion.

The decision regarding the outcome of the initial panel, (which is conducted by three experienced NZAP members, at least one of whom is an ACP Committee member, in collaboration with an observer and a process facilitator) is reached through interview and demonstration of clinical work, including presentation of a five-minute recording with a client and a written dynamic formulation of this client.

**Note:** It is expected that the applicant will have received supervision on the choice of client, dynamic formulation, and choice of verbatim piece etc., in preparation for the initial panel interview. Passing this panel interview along with completing an approved supervision contract enables Council to ratify the candidate as a Provisional Member of NZAP and an ACP candidate. Full details of this stage and its documentation are available through the NZAP Administrator. <sup>2</sup> Note that in addition to applications from non-members of NZAP, any full member of the Association can become an ACP candidate by completing a supervision contract with an approved Training Supervisor.

### **Training Case:**

#### **Selection**

The Handbook already sets out that candidates should not embark on a case to be written up for the ACP until they have signed their contract with their Training Supervisor. There are important reasons for this to be so:

Firstly the Training Supervisor needs to feel satisfied within themselves that the candidate is truly ready to apply themselves with commitment to a Training Case and has sufficient knowledge and experience to be able to begin the work.

Secondly, the Training Case needs to be selected right from the beginning, as time and time again candidates have elected, to their detriment, to use a case that is already progressing well, and have failed to pay sufficient attention to the early sessions, and have a paucity of relevant knowledge and thinking to enable them to write an adequate Dynamic Formulation, which then forms the foundation for the coherent organization of thinking about the case.

Therefore, it is advisable to ask the candidate for the first few months at least to treat most new cases as potential training cases, bringing detailed notes and draft formulations to each supervision session. At the very least this gives practice to candidates in how to apply more sophisticated psychodynamic thinking to their work.

The actual case finally selected should probably not be too complex a case, as it is more difficult to demonstrate the capacity to think clearly in a psychotherapeutic way if the work for example primarily involves crises or acting out for the first few years. The handbook already specifies that if the work is primarily trauma work it must be written from a developmental perspective. This guidance is based on the underlying principle that the training case is not to demonstrate that the candidate can successfully work with difficult or complex cases, but is primarily the vehicle through

which the candidate can demonstrate their ability to thoughtfully discern the core difficulty of the client and to offer a potent mix of thought and care to significantly help them.

### **Supervision of the Training Case:**

It is the belief and intention of the ACP model of training that training is by intensive supervision of a training case, rather than by general supervision of a caseload. It is a well-evidenced model of training which enables the depth of thought and discussion to generalize out onto the rest of the candidate's work. This is part of the rationale to not take into this pathway anybody who is not sufficiently competent to already be able to manage the whole of their general caseload. Of course to remain an ethically responsible supervisor you will also have to know the general depth and stretch of your candidate's caseload, and need at times to spend time on supervision of other work as well.

Exactly how you provide this intensive weekly supervision is over to you and your preferences. Some supervisors require weekly transcripts, either throughout or less frequently, others rely on self-reports and taped excerpts: the important thing is that the material provided creates a platform from which the candidate can deepen their thinking and their knowledge.

Similarly with directed or self-directed reading: supervisors will have their favourite papers and theoretical orientations to ask their candidates to get familiar with. Work that is well buffered by contemporaneous reading enables the candidate to write a coherent thoughtful Therapeutic Study – on the other hand reading that is done at the time of writing the study tends to show up as an unintegrated add-on.

### **Dynamic Formulation:**

This subject tends to create anxiety in both candidates and their supervisors. The ACP handbook has kept the definition which was written almost 30 years ago as it is both specific and broad: “it is an explanatory hypothesis about the origins and maintenance of the client's psychological and interpersonal functioning expressed according to the particular theoretical base of the candidate's preferred modality.”

It allows broad freedom to use whatever theory you prefer as long as it is suited to the case and allows for an understanding of unconscious dynamics. It is also specific in that in being an “explanatory hypothesis”, it is an early (within a few sessions) constellation of thinking about the origin and maintenance of the core difficulties the client faces, which may not be the ones which are articulated by the client. There has been a tendency for candidates to only focus on the origin of their clients' difficulties, broadly casting about in reported history for the key factors, but it is the maintenance of the difficulties, i.e. those showing up in their current lives and in the consultation room, that shine a light on the key factors to focus on in the dynamic formulation. It is also ultimately only an hypothesis, as yet unproven by the unfolding of the therapy, it is only a guiding hypothesis, and it is expected that attention will be given in the writing to whether the hypothesis is useful or accurate, and may need to be modified.

It is also important that the Dynamic Formulation is only based on reported facts, histories and impressions from the first few sessions. It is very obvious when candidates have retrofitted a dynamic formulation based on the later progress of the therapy as they include facts and emphases that had not come to light at the beginning. Any theoretical hypotheses that are included (though it need not include any theory at all) need to be drawn from the early material.

### **Writing the Therapeutic Study:**

It is important not to underestimate the time this may take: as candidates attend to the writing up and think and talk about it, fresher understandings tend to emerge, and if it is a current case new and important areas arise. Of course, hopefully the candidate has already had extensive early notes to draw on, including an early dynamic formulation, as well as supervision notes, which will make the writing up much smoother.

Asking your candidate to bring each draft section as they write it will provide a good platform to be able to see slippages of thinking, unevidenced assertions and pointing these out will help them to write subsequent sections in a more coherent and integrated manner.

There is of course too much to any individual therapy to be able to convey all of it, and primarily it is a vehicle not to demonstrate one's success with this particular case, but to demonstrate the ability to think and relate potently for the client. "Demonstration" is a key word, as it is inadequate if in the writing the reader is simply told what has happened, – instead there needs to be a demonstration of key moments, sessions, themes, so that there can be evidence for the corresponding theoretical or transference understandings which then demonstrate integrated theory and practice and unconscious processes.

This is also the time when the candidates write their **Work Practice Description**. Unlike the Therapeutic Study, it is a retrospective piece of work, demonstrating all their accumulated wisdoms and experiences over their clinical life. A key piece of advice is to ensure that your candidate doesn't just give the "correct" answer, but gives a reflection on how their thinking has impacted on their actual practice of psychotherapy.

### **Training Supervisor as curator of candidates' development:**

No one training supervisor can provide all that might be needed for the candidate's development; of course the weekly supervision is important but it is by no means enough and there should be a shared responsibility between supervisor and candidate to seek out important and relevant readings, seminars and lectures, which are now widely available on the internet. The supervisor should be discerning where the gaps or natural proclivities are in their candidate and helping to curate in this way a nest of

knowledge and development that is uniquely suited to their candidate according to their needs at a particular time.

### **Support for Training Supervisors and Candidates:**

**Training Supervisors** have the resource of the National Supervisors' Group, (zoom, every second month). Belonging to an ACP training supervisors' group is required from the contract you sign with the ACP Committee. Additionally, any members of the ACP Committee will happily discuss any question which might not be easily or speedily answered within the NSG.

**Candidates** have the opportunity to join in a national zoom support and information group, run monthly by Catriona Cairns and Claire Miranda. It is very helpful for candidates to join with others who are at a similar stage or to learn what might lie ahead for them. There is also a fee-paying writing and support group in Auckland run by Brigitte Puls.